



Amendment No. 2
to
Contract No. GA180000075
EMS Medical Supplies
between
Bound Tree Medical, LLC
and the
City of Austin

- 1.0 The City hereby accepts the price increase submitted by Bound Tree Medical, LLC. The new price rates are listed below. Effective date of this change is May 20, 2020.

EMS Ref No./Product Description	2019 Price	% Variance	2020 Price
A012 - Infant Oxygen Mask, Plastic, Single use, Wide elastic bands, 7' tubing	\$0.66 ea	36.36%	\$0.90 ea
A034 - Flexi-Set® Endotracheal Tube with stylet inside 2.5mm	\$3.33 ea	10.67%	\$3.69 ea
A035 - Flexi-Set® Endotracheal Tube with stylet inside 3.0mm	\$3.33 ea	10.67%	\$3.69 ea
A036 - Flexi-Set® Endotracheal Tube with stylet inside 3.5mm	\$3.33 ea	10.67 %	\$3.69 ea
A037 - Flexi-Set® Endotracheal Tube with stylet inside 4.0mm	\$3.33 ea	10.67%	\$3.69 ea
A038 - Flexi-Set® Endotracheal Tube with stylet inside 4.5mm	\$3.33 ea	19.67%	\$3.99 ea
A039 - Flexi-Set® Endotracheal Tube with stylet inside 5.0mm	\$3.33 ea	10.67%	\$3.69 ea
A040 - Flexi-Set® Endotracheal Tube with stylet inside 5.5mm	\$3.33 ea	19.67%	\$3.99 ea
B010.01- Coban™ Self-Adherent Wrap Ltx Free 2" x 5 yd Tan	\$1.47 ea	2.59%	\$1.51 ea
B036.1 - MegaMover® 1500	\$15.43 ea	18.28%	\$18.25 ea
D018 - Sphygmomanometer, Large Adult	\$5.40 ea	57.22%	\$8.49 ea
D019 - Sphygmomanometer, Child	\$5.45 ea	55.78%	\$8.49 ea
D023 - Sphygmomanometer, Thigh	\$5.76 ea	47.40%	\$8.49 ea
F013.2 - Extension set, 9". Sterile Single Use 24 hr.	\$0.88 ea	78.41%	\$1.57 ea
M041 - 12mL Syringe, Filled w/ 10mL 0.9% Sodium Chloride Luer Lock	\$0.29 ea	6.90%	\$0.31 ea
N013.1 - 1 ml Tuberculin Syringe with 25 ga X 1" Needle	\$0.41 ea	76.33%	\$0.72 ea
N014.1 - 3cc VANISH POINT Syringe 22 ga X 1-1/2"	\$0.35 ea	66.75%	\$0.58 ea
N016 - OMNIFLEX syringe 10mL Luer Lock.Ltx Free DEHP Free. Single Use. Item 6.1 not available from Life-Assist Inc. Bound Tree, Medical, LLC. is awarded item 6.1.	\$0.12 ea	0.00%	\$0.12 ea
N041.1 - 1cc Tuberculin syringe with 27 ga x 1/2" needle. VANISHPOINT Disposable. Color Code: Gray	\$0.41 ea	74.59%	\$0.71 ea

- 2.0 The total Contract authorization is recapped below.

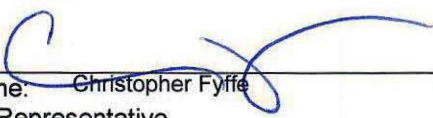
Term	Action Amount	Total Contract Amount
Basic Term: 04/12/2019 – 04/11/2022	\$9,930,000.00	\$9,930,000.00
Amendment No. 1: Concordance Name Change 07/25/2019	\$0.00	\$9,930,000.00
Amendment No. 2: Price Increase and Awardee Change for Item 6.1 05/20/2020	\$0.00	\$9,930,000.00

3.0 MBE/WBE goals were not established for this contract.

4.0 By signing this Amendment the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

5.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced contract.

Signature: 

Printed Name: Christopher Fyffe
Authorized Representative

Bound Tree Medical, LLC
5000 Tuttle Crossing Blvd.
Dublin, OH 43016
submitbids@boundtree.com

Signature: Cyrenthia
Ellis

Erin D'Vincent
Procurement Supervisor
City of Austin
Purchasing Office

Digitally signed by Cyrenthia Ellis
DN: cn=Cyrenthia Ellis, o=City of
Austin, ou=Purchasing Office,
email=Cyrenthia.Ellis@austintexas.g
ov, c=US
Date: 2020.05.27 11:02:14 -0500



Amendment No.1
to
Contract No. GA180000075
EMS Medical Supplies
between
Life-Assist, Inc.
and the
City of Austin

- 1.0 The City hereby accepts the price increase submitted by Life-Assist, Inc. The new price rates are listed below. Effective date of this change is May 20, 2020.

EMS Ref No./Product Description	2019 Price	% Variance	2020 Price
A061 – V-VAC Adapter Tip	\$6.28 ea	4.54%	\$6.57 ea
A062 – V-VAC Suction Catheter	\$2.96 ea	4.81%	\$3.11 ea
B032 - O.T.D. (Optimum Traction Device) Orange	\$59.00 ea	5.00 %	\$61.95 ea
M020 - 8.4% Sodium Bicarbonate 50mEq Luer Lock w/adapter and 18g protected needle	\$9.46 ea	12.79%	\$10.67 ea
C005 - Blue Sensor SP Electrodes – Item 3.4 not available from Life-Assist, Inc. Southern Safety Sales, Inc. is awarded item 3.4.	\$0.00 ea	\$0.00%	\$0.00 ea
N016 - OMNIFLEX syringe 10mL Luer Lock.Ltx Free DEHP Free. Single Use – Item 6.1 not available from Life-Assist Inc. Bound Tree, Medical, LLC. is awarded item 6.1.	\$0.00 ea	\$0.00%	\$0.00 ea

- 2.0 The total Contract authorization is recapped below.

Term	Action Amount	Total Contract Amount
Basic Term: 04/12/2019 – 04/11/2022	\$9,930,000.00	\$9,930,000.00
Amendment No. 1: Price Increase and Awardee Change for Items 3.4 and 6.1 05/20/2020	\$0.00	\$9,930,000.00

- 3.0 MBE/WBE goals were not established for this contract.
- 4.0 By signing this Amendment the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- 5.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced contract

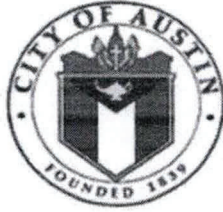
Signature:

Printed Name: Rebecca Garcia
Authorized Representative
Life-Assist, Inc
11277 Sunrise Park Drive
Ranch Cordova, CA
Quotes@Life-Assist.com

Signature: Cyrenthia Ellis

Erin D'Vincent
Procurement Supervisor
City of Austin
Purchasing Office

Digitally signed by Cyrenthia Ellis
DN: cn=Cyrenthia Ellis, o=City of Austin,
ou=Purchasing Office,
email=Cyrenthia.Ellis@austintexas.gov, c=US
Date: 2020.05.20 10:05:12 -0500



Amendment No. 1
to
Contract No. MA 9300 GA180000075
for
EMS Medical Supplies
between
QuadMed, Inc.
and the
City of Austin

- 1.0 According to Section 0400, Supplemental Purchase Provisions, 15. PRODUCT MODIFICATIONS, the following items are hereby added to the Contract:

Description	Unit	Manufacturer	Manuf No.	Vendor item No.	Discount from Manuf list price	Vendor Unit Price
Sani-Cloth. AF3 Germicidal wipes, 160 sheets/tub	Each (Tub)	Professional Disposables Inc (PDI)	13872	EIC-410310	22%	\$10.00
Child Restraint Device. Set of four color coded and sized restraint devices; Neonate, Small, Medium, Large.	Each (set)	Quantum EMS	Q-ACR4	EBB-191102	48%	\$709.00
PEDIA Quick Tape	Each	Pedia	123459	EBB-480105	39%	\$4.47
Medical Washer, Green or Gray	Bag/1000	Hyperkinetics Corporation	565	EAWS-2952P	24%	\$51.28

- 2.0 The total contract authorization is recapped below:

Action	Action Amount	Total Contract Amount
Initial Term: 04/12/2019 - 4/11/2022	\$9,930,000.00	\$9,930,000.00
Amendment No. 1: Items Added	\$0.00	\$9,930,000.00

- 3.0 MBE/WBE goals do not apply to this contract.
- 4.0 By signing this Amendment the Contractor certifies that the vendor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the GSA List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- 5.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this amendment is hereby incorporated into and made a part of the above-referenced contract.

Sign/Date:

Melinda Langorgien 7/16/2020

Printed Name:

Authorized Representative

QuadMed, Inc

11210-1 Phillips Industrial Blvd

Jacksonville, FL 32256

Sign/Date:

Erin D'Vincent

Digitally signed by Erin D'Vincent
DN: cn=Erin D'Vincent, o=City of Austin,
ou=Purchasing Office,
email=erin.dvincent@austintexas.gov, c=US
Date: 2020.07.16 09:26:22 -05'00'

Erin D'Vincent
Procurement Supervisor

City of Austin
Purchasing Office
124 W. 8th Street, Ste. 310
Austin, Texas 78701

July 16, 2020



Amendment No. 3
to
Contract No. GA180000075
EMS Medical Supplies
between
Henry Schein, Inc.
and the
City of Austin

- 1.0 The City hereby accepts the price increase submitted by Henry Schein, Inc. The new price rates are listed below. Effective date of this change is May 20, 2020.

EMS Ref No./Product Description	2019 Price	% Variance	2020 Price
A044.1 - SMART-BAG MO Size: Adult	\$14.38 ea	8.69%	\$15.63 ea ✓
A045.1 - SMART-BAG MO Size: Child	\$15.25 ea	8.69%	\$16.56 ea ✓
A098 - Hlth Care Particulate Respirator and Surgical Mask ?	\$0.830 ea	-(6.08) %	\$0.780 ea ✓
B049 - Model 65 Scoop Stretcher	\$328.79 ea	10.16%	\$362.20 ea ✓
D003.1 - Glucometer Check Strip ?	\$0.29 ea	3.79%	\$0.30 ea ✓
M008 - NITRO BID Nitroglycerin Oint USP, 2% 30g tube	\$34.10 ea	11.00%	\$37.85 ea ✓
M016.3 - Norepinephrine Bitartrate, 1 mg/mL, 4mL Ampoule	\$9.60 ea	-(7.40)%	\$8.89 ea ✓
M034 - 2% Lidocaine HCl Injection, USP 100mg/5ml, LifeShield	\$2.90 ea	7.59%	\$3.12 ea ✓
M042 - Amiodarone Hydrochloride Inj. 150mg/3ml (50mg/ mL)	\$1.55 ea	150.00%	\$3.87 ea ✓
M062 - Ketamine. 5-mL multi-dose vial 100 mg/mL CLASS III	\$8.09 ea	30.41%	\$10.55 ea ✓

- 2.0 The total Contract authorization is recapped below.

Term	Action Amount	Total Contract Amount
Basic Term: 04/12/2019 - 04/11/2022	\$9,930,000.00	\$9,930,000.00
Amendment No. 1: Concordance Name Change 07/25/2019	\$0.00	\$9,930,000.00
Amendment No. 2: Awardee Change for Items 3.36, 3.37, 3.38, and 3.39 10/31/2019	\$0.00	\$9,930,000.00
Amendment No. 3: Price Increase 05/20/2020	\$0.00	\$9,930,000.00

- 3.0 MBE/WBE goals were not established for this contract.
- 4.0 By signing this Amendment the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

5.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced contract.

Signature:



Printed Name: **FRANK PAPALIA**
Authorized Representative

Henry Schein, Inc.
P.O. Box 3227
Irmo, South Carolina 29063
Scott.Bruner@henryschein.com

Signature: **Cyrenthia Ellis**

Digitally signed by Cyrenthia Ellis
DN: cn=Cyrenthia Ellis, o=City of Austin,
ou=Purchasing Office,
email=Cyrenthia.Ellis@austintexas.gov, c=US
Date: 2020.05.27 11:05:34 -0500

Erin D'Vincent
Procurement Supervisor
City of Austin
Purchasing Office



Amendment No. 2
of
Contract No. GA180000075
for
EMS Medical Supplies
between
Henry Schein, Inc.
and the
City of Austin

- 1.0 The City hereby amends the above referenced Contract as follows: Items 3.36, 3.37, 3.38 and 3.39 are hereby removed from the award to Henry Schein, Inc. Southern Safety Sales, Inc. is hereby awarded Items 3.36, 3.37, 3.38 and 3.39. To address this change, Paragraph 1.6 "Clarifications" has been replaced in its entirety with the paragraph outlined below:

1.6 Clarifications.

- 1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein- Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68
Life-Assist-Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58
Nashville -Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70
QuadMed -Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67
Boundtree -Items 2.17, 3.1, 3.8, 3.9, 3.17, 3.22, 3.29, 3.30, 3.31, 3.47, 3.63, 3.72
Southern Safety- Items 3.5, 3.33, 3.36, 3.37, 3.38, 3.39, 3.50, 3.57
Derrah Morrison - Items 3.26, 3.45

- 2.0 The total Contract authorization is recapped below:

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Initial Term: 04/12/2019 – 04/11/2022	\$9,930,000.00	\$9,930,000.00
Amendment No. 1: Concordance Name Change 07/25/2019	\$0.00	\$9,930,000.00
Amendment No. 2: Awardee change for Items 3.36, 3.37, 3.38 and 3.39 10/31/2019	\$0.00	\$9,930,000.00

- 3.0 MBE/WBE goals were not established for this contract.
- 4.0 By signing this Amendment, the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- 5.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced contract.

Signature & Date:

10/31/19

Printed Name: Scott Bruner
Authorized Representative

Henry Schein, Inc.
P.O. Box 3227,
Irmo, South Carolina 29063

Signature & Date:

11-1-19

Erin D'Vincent, Procurement Supervisor

City of Austin
Purchasing Office
124 W. 8th Street, Ste. 310
Austin, Texas 78701



Amendment No. 2
of
Contract No. GA180000075
for
EMS Medical Supplies
between
Southern Safety Sales, Inc.
and the
City of Austin

- 1.0 The City hereby amends the above referenced Contract as follows: Items 3.36, 3.37, 3.38 and 3.39 are hereby removed from the award to Henry Schein, Inc. Southern Safety Sales, Inc. is hereby awarded Items 3.36, 3.37, 3.38 and 3.39. To address this change, Paragraph 1.6 "Clarifications" has been replaced in its entirety with the paragraph outlined below:

1.6 Clarifications.

- 1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein- Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68
Life-Assist-Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58
Nashville -Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70
QuadMed -Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67
Boundtree -Items 2.17, 3.1, 3.8, 3.9, 3.17, 3.22, 3.29, 3.30, 3.31, 3.47, 3.63, 3.72
Southern Safety- Items 3.5, 3.33, 3.36, 3.37, 3.38, 3.39, 3.50, 3.57
Derrah Morrison - Items 3.26, 3.45

- 2.0 The total Contract authorization is recapped below:

Action	Action Amount	Total Contract Amount
Initial Term: 04/12/2019 – 04/11/2022	\$9,930,000.00	\$9,930,000.00
Amendment No. 1: Concordance Name Change 07/25/2019	\$0.00	\$9,930,000.00
Amendment No. 2: Awardee change for Items 3.36, 3.37, 3.38 and 3.39 10/31/2019	\$0.00	\$9,930,000.00

- 3.0 MBE/WBE goals were not established for this contract.
- 4.0 By signing this Amendment, the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- 5.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced contract.

Signature & Date:

Scott Grambort
10/31/2019

Printed Name: Scott Grambort
Authorized Representative

Southern Safety Sales, Inc
2601 McHale Court, Suite 155,
Austin, TX 78758

Signature & Date:

Erin D'Vincent 11.1.19

Erin D'Vincent, Procurement Supervisor

City of Austin
Purchasing Office
124 W. 8th Street, Ste. 310
Austin, Texas 78701



**Amendment No. 1
of
Contract No. GA18000075
for
EMS Medical Supplies
between
Concordance Healthcare Solutions, LLC
The City of Austin**

1.0 The Contract is hereby amended as follows: Change name to Bound Tree Medical, LLC as requested by the Contractor:

	From	To
Vendor Name	Concordance Healthcare Solutions, LLC	Bound Tree Medical, LLC
Vendor Code (for City use only)	V00000959433	BOU8303524
Vendor Federal Tax ID (FEIN)	<div style="background-color: black; width: 100px; height: 1.2em;"></div>	<div style="background-color: black; width: 100px; height: 1.2em;"></div>

2.0 All other terms and conditions of the Contract remain unchanged and in full force and effect.

BY THE SIGNATURE affixed below, this Amendment No. 1 is hereby incorporated into and made a part of the Contract.

Linelle Goodin-Brown
Contract Management Supervisor II
City of Austin, Purchasing Office

Date

4-25-19



CITY OF AUSTIN, TEXAS

Purchasing Office INVITATION FOR BID (IFB) OFFER SHEET

SOLICITATION NO: IFB 9300 EAD0262

COMMODITY/SERVICE DESCRIPTION: EMS Medical Supplies

DATE ISSUED: 4/16/18

PRE-BID CONFERENCE TIME AND DATE: N/A

REQUISITION NO.: 18022200286

LOCATION: N/A

COMMODITY CODE: 47599

BID DUE PRIOR TO: 5/10/18, 2:00 PM, Central Time

**FOR CONTRACTUAL AND TECHNICAL
ISSUES CONTACT THE FOLLOWING
AUTHORIZED CONTACT PERSON:**

BID OPENING TIME AND DATE: 5/10/18, 3:00 PM, Central Time

Erin D'Vincent
Procurement Specialist IV
Phone: (512) 974-3070
E-Mail: erin.dvincent@austintexas.gov

LOCATION: MUNICIPAL BUILDING, 124 W 8th STREET
RM 308, AUSTIN, TEXAS 78701

Michelle Pearson
Procurement Specialist II
Phone: (512) 974-2023
E-Mail: michelle.pearson@austintexas.gov

LIVE BID OPENING ONLINE:

For information on how to attend the Bid Opening online, please select this link:

<http://www.austintexas.gov/department/bid-opening-webinars>

When submitting a sealed Offer and/or Compliance Plan, use the proper address for the type of service desired, as shown below:

Address for US Mail (Only)	Address for FedEx, UPS, Hand Delivery or Courier Service
City of Austin	City of Austin, Municipal Building
Purchasing Office-Response Enclosed for Solicitation # IFB 9300 EAD0262	Purchasing Office-Response Enclosed for Solicitation # IFB 9300 EAD0262
P.O. Box 1088	124 W 8 th Street, Rm 308
Austin, Texas 78767-8845	Austin, Texas 78701
	Reception Phone: (512) 974-2500

NOTE: Offers must be received and time stamped in the Purchasing Office prior to the Due Date and Time. It is the responsibility of the Offeror to ensure that their Offer arrives at the receptionist's desk in the Purchasing Office prior to the time and date indicated. Arrival at the City's mailroom, mail terminal, or post office box will not constitute the Offer arriving on time. See Section 0200 for additional solicitation instructions.

All Offers (including Compliance Plans) that are not submitted in a sealed envelope or container will not be considered.

The Vendor agrees, if this Offer is accepted within 120 calendar days after the Due Date, to fully comply in strict accordance with the Solicitation, specifications and provisions attached thereto for the amounts shown on the accompanying Offer.

**SUBMIT 1 ORIGINAL PAPER COPY AND 1 COPY IN PDF FORMAT ON A FLASH DRIVE OF
YOUR RESPONSE**

*****SIGNATURE FOR SUBMITTAL REQUIRED ON PAGE 3 OF THIS DOCUMENT*****

This solicitation is comprised of the following required sections. Please ensure to carefully read each section including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.

SECTION NO.	TITLE	PAGES
0100	STANDARD PURCHASE DEFINITIONS	*
0200	STANDARD SOLICITATION INSTRUCTIONS	*
0300	STANDARD PURCHASE TERMS AND CONDITIONS	*
0400	SUPPLEMENTAL PURCHASE PROVISIONS	7
0500	SPECIFICATIONS	5
0600	BID SHEET – Must be completed and returned with Offer	4
0600A	ATTACHMENT A	4
0605	LOCAL BUSINESS PRESENCE IDENTIFICATION FORM – Complete & return	2
0700	REFERENCE SHEET – Complete and return	2
0800	NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION–Complete and return	2
0805	NON-SUSPENSION OR DEBARMENT CERTIFICATION	*
0810	NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION	*
0835	NONRESIDENT BIDDER PROVISIONS – Complete & return	1
0900	SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM – Complete & return	1
0905	SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN – Complete and return if applicable	3

*** Documents are hereby incorporated into this Solicitation by reference, with the same force and effect as if they were incorporated in full text. The full text versions of the * Sections are available on the Internet at the following online address:**

http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS

If you do not have access to the Internet, you may obtain a copy of these Sections from the City of Austin Purchasing Office located in the Municipal Building, 124 West 8th Street, Room #308 Austin, Texas 78701; phone (512) 974-2500. Please have the Solicitation number available so that the staff can select the proper documents. These documents can be mailed, expressed mailed, or faxed to you.

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: _____

Company Address: _____

City, State, Zip: _____

Federal Tax ID No. _____

Printed Name of Officer or Authorized Representative: _____

Title: _____

Signature of Officer or Authorized Representative: _____

Date: _____

Email Address: _____

Phone Number: _____

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**

**CITY OF AUSTIN
PURCHASING OFFICE
STANDARD PURCHASE TERMS AND CONDITIONS**

By submitting an Offer in response to the Solicitation, the Contractor agrees that the Contract shall be governed by the following terms and conditions. Unless otherwise specified in the Contract, Sections 3, 4, 5, 6, 7, 8, 20, 21, and 36 shall apply only to a Solicitation to purchase Goods, and Sections 9, 10, 11 and 22 shall apply only to a Solicitation to purchase Services to be performed principally at the City's premises or on public rights-of-way.

1. **CONTRACTOR'S OBLIGATIONS**. The Contractor shall fully and timely provide all Deliverables described in the Solicitation and in the Contractor's Offer in strict accordance with the terms, covenants, and conditions of the Contract and all applicable Federal, State, and local laws, rules, and regulations.
2. **EFFECTIVE DATE/TERM**. Unless otherwise specified in the Solicitation, this Contract shall be effective as of the date the contract is signed by the City, and shall continue in effect until all obligations are performed in accordance with the Contract.
3. **CONTRACTOR TO PACKAGE DELIVERABLES**: The Contractor will package Deliverables in accordance with good commercial practice and shall include a packing list showing the description of each item, the quantity and unit price. Unless otherwise provided in the Specifications or Supplemental Terms and Conditions, each shipping container shall be clearly and permanently marked as follows: (a) The Contractor's name and address, (b) the City's name, address and purchase order or purchase release number and the price agreement number if applicable, (c) Container number and total number of containers, e.g. box 1 of 4 boxes, and (d) the number of the container bearing the packing list. The Contractor shall bear cost of packaging. Deliverables shall be suitably packed to secure lowest transportation costs and to conform with requirements of common carriers and any applicable specifications. The City's count or weight shall be final and conclusive on shipments not accompanied by packing lists.
4. **SHIPMENT UNDER RESERVATION PROHIBITED**: The Contractor is not authorized to ship the Deliverables under reservation and no tender of a bill of lading will operate as a tender of Deliverables.
5. **TITLE & RISK OF LOSS**: Title to and risk of loss of the Deliverables shall pass to the City only when the City actually receives and accepts the Deliverables.
6. **DELIVERY TERMS AND TRANSPORTATION CHARGES**: Deliverables shall be shipped F.O.B. point of delivery unless otherwise specified in the Supplemental Terms and Conditions. Unless otherwise stated in the Offer, the Contractor's price shall be deemed to include all delivery and transportation charges. The City shall have the right to designate what method of transportation shall be used to ship the Deliverables. The place of delivery shall be that set forth in the block of the purchase order or purchase release entitled "Receiving Agency".
7. **RIGHT OF INSPECTION AND REJECTION**: The City expressly reserves all rights under law, including, but not limited to the Uniform Commercial Code, to inspect the Deliverables at delivery before accepting them, and to reject defective or non-conforming Deliverables. If the City has the right to inspect the Contractor's, or the Contractor's Subcontractor's, facilities, or the Deliverables at the Contractor's, or the Contractor's Subcontractor's, premises, the Contractor shall furnish, or cause to be furnished, without additional charge, all reasonable facilities and assistance to the City to facilitate such inspection.
8. **NO REPLACEMENT OF DEFECTIVE TENDER**: Every tender or delivery of Deliverables must fully comply with all provisions of the Contract as to time of delivery, quality, and quantity. Any non-complying tender shall constitute a breach and the Contractor shall not have the right to substitute a conforming tender; provided, where the time for performance has not yet expired, the Contractor may notify the City of the intention to cure and may then make a conforming tender within the time allotted in the contract.
9. **PLACE AND CONDITION OF WORK**: The City shall provide the Contractor access to the sites where the Contractor is to perform the services as required in order for the Contractor to perform the services in a timely and efficient manner, in accordance with and subject to the applicable security laws, rules, and regulations. The Contractor acknowledges that it has satisfied itself as to the nature of the City's service requirements and specifications, the location and essential characteristics of the work sites, the quality and quantity of materials, equipment, labor and facilities necessary to perform the services, and any other condition or state of fact which could in any way affect performance of the Contractor's obligations under the contract. The Contractor hereby releases and holds the City

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harmless from and against any liability or claim for damages of any kind or nature if the actual site or service conditions differ from expected conditions.

10. WORKFORCE

- A. The Contractor shall employ only orderly and competent workers, skilled in the performance of the services which they will perform under the Contract.
- B. The Contractor, its employees, subcontractors, and subcontractor's employees may not while engaged in participating or responding to a solicitation or while in the course and scope of delivering goods or services under a City of Austin contract or on the City's property .
 - i. use or possess a firearm, including a concealed handgun that is licensed under state law, except as required by the terms of the contract; or
 - ii. use or possess alcoholic or other intoxicating beverages, illegal drugs or controlled substances, nor may such workers be intoxicated, or under the influence of alcohol or drugs, on the job.
- C. If the City or the City's representative notifies the Contractor that any worker is incompetent, disorderly or disobedient, has knowingly or repeatedly violated safety regulations, has possessed any firearms, or has possessed or was under the influence of alcohol or drugs on the job, the Contractor shall immediately remove such worker from Contract services, and may not employ such worker again on Contract services without the City's prior written consent.

- 11. COMPLIANCE WITH HEALTH, SAFETY, AND ENVIRONMENTAL REGULATIONS:** The Contractor, its Subcontractors, and their respective employees, shall comply fully with all applicable federal, state, and local health, safety, and environmental laws, ordinances, rules and regulations in the performance of the services, including but not limited to those promulgated by the City and by the Occupational Safety and Health Administration (OSHA). In case of conflict, the most stringent safety requirement shall govern. The Contractor shall indemnify and hold the City harmless from and against all claims, demands, suits, actions, judgments, fines, penalties and liability of every kind arising from the breach of the Contractor's obligations under this paragraph.

12. INVOICES:

- A. The Contractor shall submit separate invoices in duplicate on each purchase order or purchase release after each delivery. If partial shipments or deliveries are authorized by the City, a separate invoice must be sent for each shipment or delivery made.
- B. **Proper Invoices must include a unique invoice number, the purchase order or delivery order number and the master agreement number if applicable, the Department's Name, and the name of the point of contact for the Department.** Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading and the freight waybill, when applicable, shall be attached to the invoice. The Contractor's name and, if applicable, the tax identification number on the invoice must exactly match the information in the Vendor's registration with the City. Unless otherwise instructed in writing, the City may rely on the remittance address specified on the Contractor's invoice.
- C. Invoices for labor shall include a copy of all time-sheets with trade labor rate and Deliverables order number clearly identified. Invoices shall also include a tabulation of work-hours at the appropriate rates and grouped by work order number. Time billed for labor shall be limited to hours actually worked at the work site.
- D. Unless otherwise expressly authorized in the Contract, the Contractor shall pass through all Subcontract and other authorized expenses at actual cost without markup.
- E. Federal excise taxes, State taxes, or City sales taxes must not be included in the invoiced amount. The City will furnish a tax exemption certificate upon request.

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13. PAYMENT:

- A. All proper invoices received by the City will be paid within thirty (30) calendar days of the City's receipt of the Deliverables or of the invoice, whichever is later.
- B. **If payment is not timely made, (per paragraph A), interest shall accrue on the unpaid balance at the lesser of the rate specified in Texas Government Code Section 2251.025 or the maximum lawful rate; except, if payment is not timely made for a reason for which the City may withhold payment hereunder, interest shall not accrue until ten (10) calendar days after the grounds for withholding payment have been resolved.**
- C. If partial shipments or deliveries are authorized by the City, the Contractor will be paid for the partial shipment or delivery, as stated above, provided that the invoice matches the shipment or delivery.
- D. The City may withhold or set off the entire payment or part of any payment otherwise due the Contractor to such extent as may be necessary on account of:
 - i. delivery of defective or non-conforming Deliverables by the Contractor;
 - ii. third party claims, which are not covered by the insurance which the Contractor is required to provide, are filed or reasonable evidence indicating probable filing of such claims;
 - iii. failure of the Contractor to pay Subcontractors, or for labor, materials or equipment;
 - iv. damage to the property of the City or the City's agents, employees or contractors, which is not covered by insurance required to be provided by the Contractor;
 - v. reasonable evidence that the Contractor's obligations will not be completed within the time specified in the Contract, and that the unpaid balance would not be adequate to cover actual or liquidated damages for the anticipated delay;
 - vi. failure of the Contractor to submit proper invoices with all required attachments and supporting documentation; or
 - vii. failure of the Contractor to comply with any material provision of the Contract Documents.
- E. Notice is hereby given of Article VIII, Section 1 of the Austin City Charter which prohibits the payment of any money to any person, firm or corporation who is in arrears to the City for taxes, and of §2-8-3 of the Austin City Code concerning the right of the City to offset indebtedness owed the City.
- F. Payment will be made by check unless the parties mutually agree to payment by credit card or electronic transfer of funds. The Contractor agrees that there shall be no additional charges, surcharges, or penalties to the City for payments made by credit card or electronic funds transfer.
- G. The awarding or continuation of this contract is dependent upon the availability of funding. The City's payment obligations are payable only and solely from funds Appropriated and available for this contract. The absence of Appropriated or other lawfully available funds shall render the Contract null and void to the extent funds are not Appropriated or available and any Deliverables delivered but unpaid shall be returned to the Contractor. The City shall provide the Contractor written notice of the failure of the City to make an adequate Appropriation for any fiscal year to pay the amounts due under the Contract, or the reduction of any Appropriation to an amount insufficient to permit the City to pay its obligations under the Contract. In the event of non or inadequate appropriation of funds, there will be no penalty nor removal fees charged to the City.

- 14. TRAVEL EXPENSES:** All travel, lodging and per diem expenses in connection with the Contract for which reimbursement may be claimed by the Contractor under the terms of the Solicitation will be reviewed against the City's Travel Policy as published and maintained by the City's Controller's Office and the Current United States General Services Administration Domestic Per Diem Rates (the "Rates") as published and maintained on the Internet at:

<http://www.gsa.gov/portal/category/21287>

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No amounts in excess of the Travel Policy or Rates shall be paid. All invoices must be accompanied by copies of detailed itemized receipts (e.g. hotel bills, airline tickets). No reimbursement will be made for expenses not actually incurred. Airline fares in excess of coach or economy will not be reimbursed. Mileage charges may not exceed the amount permitted as a deduction in any year under the Internal Revenue Code or Regulations.

15. FINAL PAYMENT AND CLOSE-OUT:

- A. If an MBE/WBE Program Compliance Plan is required by the Solicitation, and the Contractor has identified Subcontractors, the Contractor is required to submit a Contract Close-Out MBE/WBE Compliance Report to the Project manager or Contract manager no later than the 15th calendar day after completion of all work under the contract. Final payment, retainage, or both may be withheld if the Contractor is not in compliance with the requirements of the Compliance Plan as accepted by the City.
- B. The making and acceptance of final payment will constitute:
 - i. a waiver of all claims by the City against the Contractor, except claims (1) which have been previously asserted in writing and not yet settled, (2) arising from defective work appearing after final inspection, (3) arising from failure of the Contractor to comply with the Contract or the terms of any warranty specified herein, (4) arising from the Contractor's continuing obligations under the Contract, including but not limited to indemnity and warranty obligations, or (5) arising under the City's right to audit; and
 - ii. a waiver of all claims by the Contractor against the City other than those previously asserted in writing and not yet settled.

16. SPECIAL TOOLS & TEST EQUIPMENT: If the price stated on the Offer includes the cost of any special tooling or special test equipment fabricated or required by the Contractor for the purpose of filling this order, such special tooling equipment and any process sheets related thereto shall become the property of the City and shall be identified by the Contractor as such.

17. AUDITS and RECORDS:

- A. The Contractor agrees that the representatives of the Office of the City Auditor or other authorized representatives of the City shall have access to, and the right to audit, examine, or reproduce, any and all records of the Contractor related to the performance under this Contract. The Contractor shall retain all such records for a period of three (3) years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer. The Contractor agrees to refund to the City any overpayments disclosed by any such audit.
- B. Records Retention:
 - i. Contractor is subject to City Code chapter 2-11 (Records Management), and as it may subsequently be amended. For purposes of this subsection, a Record means all books, accounts, reports, files, and other data recorded or created by a Contractor in fulfillment of the Contract whether in digital or physical format, except a record specifically relating to the Contractor's internal administration.
 - ii. All Records are the property of the City. The Contractor may not dispose of or destroy a Record without City authorization and shall deliver the Records, in all requested formats and media, along with all finding aids and metadata, to the City at no cost when requested by the City
 - iii. The Contractor shall retain all Records for a period of three (3) years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer.
- C. The Contractor shall include sections A and B above in all subcontractor agreements entered into in connection with this Contract.

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18. SUBCONTRACTORS:

- A. If the Contractor identified Subcontractors in an MBE/WBE Program Compliance Plan or a No Goals Utilization Plan the Contractor shall comply with the provisions of Chapters 2-9A, 2-9B, 2-9C, and 2-9D, as applicable, of the Austin City Code and the terms of the Compliance Plan or Utilization Plan as approved by the City (the "Plan"). The Contractor shall not initially employ any Subcontractor except as provided in the Contractor's Plan. The Contractor shall not substitute any Subcontractor identified in the Plan, unless the substitute has been accepted by the City in writing in accordance with the provisions of Chapters 2-9A, 2-9B, 2-9C and 2-9D, as applicable. No acceptance by the City of any Subcontractor shall constitute a waiver of any rights or remedies of the City with respect to defective Deliverables provided by a Subcontractor. If a Plan has been approved, the Contractor is additionally required to submit a monthly Subcontract Awards and Expenditures Report to the Contract Manager and the Purchasing Office Contract Compliance Manager no later than the tenth calendar day of each month.
- B. Work performed for the Contractor by a Subcontractor shall be pursuant to a written contract between the Contractor and Subcontractor. The terms of the subcontract may not conflict with the terms of the Contract, and shall contain provisions that:
 - i. require that all Deliverables to be provided by the Subcontractor be provided in strict accordance with the provisions, specifications and terms of the Contract;
 - ii. prohibit the Subcontractor from further subcontracting any portion of the Contract without the prior written consent of the City and the Contractor. The City may require, as a condition to such further subcontracting, that the Subcontractor post a payment bond in form, substance and amount acceptable to the City;
 - iii. require Subcontractors to submit all invoices and applications for payments, including any claims for additional payments, damages or otherwise, to the Contractor in sufficient time to enable the Contractor to include same with its invoice or application for payment to the City in accordance with the terms of the Contract;
 - iv. require that all Subcontractors obtain and maintain, throughout the term of their contract, insurance in the type and amounts specified for the Contractor, with the City being a named insured as its interest shall appear; and
 - v. require that the Subcontractor indemnify and hold the City harmless to the same extent as the Contractor is required to indemnify the City.
- C. The Contractor shall be fully responsible to the City for all acts and omissions of the Subcontractors just as the Contractor is responsible for the Contractor's own acts and omissions. Nothing in the Contract shall create for the benefit of any such Subcontractor any contractual relationship between the City and any such Subcontractor, nor shall it create any obligation on the part of the City to pay or to see to the payment of any moneys due any such Subcontractor except as may otherwise be required by law.
- D. The Contractor shall pay each Subcontractor its appropriate share of payments made to the Contractor not later than ten (10) calendar days after receipt of payment from the City.

19. WARRANTY-PRICE:

- A. The Contractor warrants the prices quoted in the Offer are no higher than the Contractor's current prices on orders by others for like Deliverables under similar terms of purchase.
- B. The Contractor certifies that the prices in the Offer have been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such fees with any other firm or with any competitor.
- C. In addition to any other remedy available, the City may deduct from any amounts owed to the Contractor, or otherwise recover, any amounts paid for items in excess of the Contractor's current prices on orders by others for like Deliverables under similar terms of purchase.

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20. **WARRANTY – TITLE:** The Contractor warrants that it has good and indefeasible title to all Deliverables furnished under the Contract, and that the Deliverables are free and clear of all liens, claims, security interests and encumbrances. The Contractor shall indemnify and hold the City harmless from and against all adverse title claims to the Deliverables.
21. **WARRANTY – DELIVERABLES:** The Contractor warrants and represents that all Deliverables sold the City under the Contract shall be free from defects in design, workmanship or manufacture, and conform in all material respects to the specifications, drawings, and descriptions in the Solicitation, to any samples furnished by the Contractor, to the terms, covenants and conditions of the Contract, and to all applicable State, Federal or local laws, rules, and regulations, and industry codes and standards. Unless otherwise stated in the Solicitation, the Deliverables shall be new or recycled merchandise, and not used or reconditioned.
- A. Recycled Deliverables shall be clearly identified as such.
 - B. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law; and any attempt to do so shall be without force or effect.
 - C. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the date of acceptance of the Deliverables or from the date of acceptance of any replacement Deliverables. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand either repair the non-conforming Deliverables, or replace the non-conforming Deliverables with fully conforming Deliverables, at the City's option and at no additional cost to the City. All costs incidental to such repair or replacement, including but not limited to, any packaging and shipping costs, shall be borne exclusively by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of discovery of the breach of warranty, but failure to give timely notice shall not impair the City's rights under this section.
 - D. If the Contractor is unable or unwilling to repair or replace defective or non-conforming Deliverables as required by the City, then in addition to any other available remedy, the City may reduce the quantity of Deliverables it may be required to purchase under the Contract from the Contractor, and purchase conforming Deliverables from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such Deliverables from another source.
 - E. If the Contractor is not the manufacturer, and the Deliverables are covered by a separate manufacturer's warranty, the Contractor shall transfer and assign such manufacturer's warranty to the City. If for any reason the manufacturer's warranty cannot be fully transferred to the City, the Contractor shall assist and cooperate with the City to the fullest extent to enforce such manufacturer's warranty for the benefit of the City.
22. **WARRANTY – SERVICES:** The Contractor warrants and represents that all services to be provided the City under the Contract will be fully and timely performed in a good and workmanlike manner in accordance with generally accepted industry standards and practices, the terms, conditions, and covenants of the Contract, and all applicable Federal, State and local laws, rules or regulations.
- A. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law, and any attempt to do so shall be without force or effect.
 - B. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the Acceptance Date. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand perform the services again in accordance with above standard at no additional cost to the City. All costs incidental to such additional performance shall be borne by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of discovery of the breach warranty, but failure to give timely notice shall not impair the City's rights under this section.
 - C. If the Contractor is unable or unwilling to perform its services in accordance with the above standard as required by the City, then in addition to any other available remedy, the City may reduce the amount of services it may be

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required to purchase under the Contract from the Contractor, and purchase conforming services from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such services from another source.

23. **ACCEPTANCE OF INCOMPLETE OR NON-CONFORMING DELIVERABLES:** If, instead of requiring immediate correction or removal and replacement of defective or non-conforming Deliverables, the City prefers to accept it, the City may do so. The Contractor shall pay all claims, costs, losses and damages attributable to the City's evaluation of and determination to accept such defective or non-conforming Deliverables. If any such acceptance occurs prior to final payment, the City may deduct such amounts as are necessary to compensate the City for the diminished value of the defective or non-conforming Deliverables. If the acceptance occurs after final payment, such amount will be refunded to the City by the Contractor.
24. **RIGHT TO ASSURANCE:** Whenever one party to the Contract in good faith has reason to question the other party's intent to perform, demand may be made to the other party for written assurance of the intent to perform. In the event that no assurance is given within the time specified after demand is made, the demanding party may treat this failure as an anticipatory repudiation of the Contract.
25. **STOP WORK NOTICE:** The City may issue an immediate Stop Work Notice in the event the Contractor is observed performing in a manner that is in violation of Federal, State, or local guidelines, or in a manner that is determined by the City to be unsafe to either life or property. Upon notification, the Contractor will cease all work until notified by the City that the violation or unsafe condition has been corrected. The Contractor shall be liable for all costs incurred by the City as a result of the issuance of such Stop Work Notice.
26. **DEFAULT:** The Contractor shall be in default under the Contract if the Contractor (a) fails to fully, timely and faithfully perform any of its material obligations under the Contract, (b) fails to provide adequate assurance of performance under Paragraph 24, (c) becomes insolvent or seeks relief under the bankruptcy laws of the United States or (d) makes a material misrepresentation in Contractor's Offer, or in any report or deliverable required to be submitted by the Contractor to the City.
27. **TERMINATION FOR CAUSE:** In the event of a default by the Contractor, the City shall have the right to terminate the Contract for cause, by written notice effective ten (10) calendar days, unless otherwise specified, after the date of such notice, unless the Contractor, within such ten (10) day period, cures such default, or provides evidence sufficient to prove to the City's reasonable satisfaction that such default does not, in fact, exist. The City may place Contractor on probation for a specified period of time within which the Contractor must correct any non-compliance issues. Probation shall not normally be for a period of more than nine (9) months, however, it may be for a longer period, not to exceed one (1) year depending on the circumstances. If the City determines the Contractor has failed to perform satisfactorily during the probation period, the City may proceed with suspension. In the event of a default by the Contractor, the City may suspend or debar the Contractor in accordance with the "City of Austin Purchasing Office Probation, Suspension and Debarment Rules for Vendors" and remove the Contractor from the City's vendor list for up to five (5) years and any Offer submitted by the Contractor may be disqualified for up to five (5) years. In addition to any other remedy available under law or in equity, the City shall be entitled to recover all actual damages, costs, losses and expenses, incurred by the City as a result of the Contractor's default, including, without limitation, cost of cover, reasonable attorneys' fees, court costs, and prejudgment and post-judgment interest at the maximum lawful rate. All rights and remedies under the Contract are cumulative and are not exclusive of any other right or remedy provided by law.
28. **TERMINATION WITHOUT CAUSE:** The City shall have the right to terminate the Contract, in whole or in part, without cause any time upon thirty (30) calendar days' prior written notice. Upon receipt of a notice of termination, the Contractor shall promptly cease all further work pursuant to the Contract, with such exceptions, if any, specified in the notice of termination. The City shall pay the Contractor, to the extent of funds Appropriated or otherwise legally available for such purposes, for all goods delivered and services performed and obligations incurred prior to the date of termination in accordance with the terms hereof.
29. **FRAUD:** Fraudulent statements by the Contractor on any Offer or in any report or deliverable required to be submitted by the Contractor to the City shall be grounds for the termination of the Contract for cause by the City and may result in legal action.

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30. DELAYS:

- A. The City may delay scheduled delivery or other due dates by written notice to the Contractor if the City deems it is in its best interest. If such delay causes an increase in the cost of the work under the Contract, the City and the Contractor shall negotiate an equitable adjustment for costs incurred by the Contractor in the Contract price and execute an amendment to the Contract. The Contractor must assert its right to an adjustment within thirty (30) calendar days from the date of receipt of the notice of delay. Failure to agree on any adjusted price shall be handled under the Dispute Resolution process specified in paragraph 48. However, nothing in this provision shall excuse the Contractor from delaying the delivery as notified.
- B. Neither party shall be liable for any default or delay in the performance of its obligations under this Contract if, while and to the extent such default or delay is caused by acts of God, fire, riots, civil commotion, labor disruptions, sabotage, sovereign conduct, or any other cause beyond the reasonable control of such Party. In the event of default or delay in contract performance due to any of the foregoing causes, then the time for completion of the services will be extended; provided, however, in such an event, a conference will be held within three (3) business days to establish a mutually agreeable period of time reasonably necessary to overcome the effect of such failure to perform.

31. INDEMNITY:

- A. Definitions:
 - i. "Indemnified Claims" shall include any and all claims, demands, suits, causes of action, judgments and liability of every character, type or description, including all reasonable costs and expenses of litigation, mediation or other alternate dispute resolution mechanism, including attorney and other professional fees for:
 - (1) damage to or loss of the property of any person (including, but not limited to the City, the Contractor, their respective agents, officers, employees and subcontractors; the officers, agents, and employees of such subcontractors; and third parties); and/or
 - (2) death, bodily injury, illness, disease, worker's compensation, loss of services, or loss of income or wages to any person (including but not limited to the agents, officers and employees of the City, the Contractor, the Contractor's subcontractors, and third parties),
 - ii. "Fault" shall include the sale of defective or non-conforming Deliverables, negligence, willful misconduct, or a breach of any legally imposed strict liability standard.
- B. **THE CONTRACTOR SHALL DEFEND (AT THE OPTION OF THE CITY), INDEMNIFY, AND HOLD THE CITY, ITS SUCCESSORS, ASSIGNS, OFFICERS, EMPLOYEES AND ELECTED OFFICIALS HARMLESS FROM AND AGAINST ALL INDEMNIFIED CLAIMS DIRECTLY ARISING OUT OF, INCIDENT TO, CONCERNING OR RESULTING FROM THE FAULT OF THE CONTRACTOR, OR THE CONTRACTOR'S AGENTS, EMPLOYEES OR SUBCONTRACTORS, IN THE PERFORMANCE OF THE CONTRACTOR'S OBLIGATIONS UNDER THE CONTRACT. NOTHING HEREIN SHALL BE DEEMED TO LIMIT THE RIGHTS OF THE CITY OR THE CONTRACTOR (INCLUDING, BUT NOT LIMITED TO, THE RIGHT TO SEEK CONTRIBUTION) AGAINST ANY THIRD PARTY WHO MAY BE LIABLE FOR AN INDEMNIFIED CLAIM.**

32. INSURANCE: (reference Section 0400 for specific coverage requirements). The following insurance requirement applies. (Revised March 2013).

- A. General Requirements.
 - i. The Contractor shall at a minimum carry insurance in the types and amounts indicated in Section 0400, Supplemental Purchase Provisions, for the duration of the Contract, including extension options and hold over periods, and during any warranty period.
 - ii. The Contractor shall provide Certificates of Insurance with the coverages and endorsements required in Section 0400, Supplemental Purchase Provisions, to the City as verification of coverage prior to contract execution and within fourteen (14) calendar days after written request from the

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City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or hold over period is exercised, as verification of continuing coverage.

- iii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.
- iv. The City may request that the Contractor submit certificates of insurance to the City for all subcontractors prior to the subcontractors commencing work on the project.
- v. The Contractor's and all subcontractors' insurance coverage shall be written by companies licensed to do business in the State of Texas at the time the policies are issued and shall be written by companies with A.M. Best ratings of B+VII or better.
- vi. The "other" insurance clause shall not apply to the City where the City is an additional insured shown on any policy. It is intended that policies required in the Contract, covering both the City and the Contractor, shall be considered primary coverage as applicable.
- vii. If insurance policies are not written for amounts specified in Section 0400, Supplemental Purchase Provisions, the Contractor shall carry Umbrella or Excess Liability Insurance for any differences in amounts specified. If Excess Liability Insurance is provided, it shall follow the form of the primary coverage.
- viii. The City shall be entitled, upon request, at an agreed upon location, and without expense, to review certified copies of policies and endorsements thereto and may make any reasonable requests for deletion or revision or modification of particular policy terms, conditions, limitations, or exclusions except where policy provisions are established by law or regulations binding upon either of the parties hereto or the underwriter on any such policies.
- ix. The City reserves the right to review the insurance requirements set forth during the effective period of the Contract and to make reasonable adjustments to insurance coverage, limits, and exclusions when deemed necessary and prudent by the City based upon changes in statutory law, court decisions, the claims history of the industry or financial condition of the insurance company as well as the Contractor.
- x. The Contractor shall not cause any insurance to be canceled nor permit any insurance to lapse during the term of the Contract or as required in the Contract.
- xi. The Contractor shall be responsible for premiums, deductibles and self-insured retentions, if any, stated in policies. Self-insured retentions shall be disclosed on the Certificate of Insurance.
- xii. The Contractor shall provide the City thirty (30) calendar days' written notice of erosion of the aggregate limits below occurrence limits for all applicable coverages indicated within the Contract.
- xiii. The insurance coverages specified in Section 0400, Supplemental Purchase Provisions, are required minimums and are not intended to limit the responsibility or liability of the Contractor.

B. Specific Coverage Requirements: Specific insurance requirements are contained in Section 0400, Supplemental Purchase Provisions

33. **CLAIMS:** If any claim, demand, suit, or other action is asserted against the Contractor which arises under or concerns the Contract, or which could have a material adverse affect on the Contractor's ability to perform thereunder, the Contractor shall give written notice thereof to the City within ten (10) calendar days after receipt of notice by the

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Contractor. Such notice to the City shall state the date of notification of any such claim, demand, suit, or other action; the names and addresses of the claimant(s); the basis thereof; and the name of each person against whom such claim is being asserted. Such notice shall be delivered personally or by mail and shall be sent to the City and to the Austin City Attorney. Personal delivery to the City Attorney shall be to City Hall, 301 West 2nd Street, 4th Floor, Austin, Texas 78701, and mail delivery shall be to P.O. Box 1088, Austin, Texas 78767.

34. **NOTICES**: Unless otherwise specified, all notices, requests, or other communications required or appropriate to be given under the Contract shall be in writing and shall be deemed delivered three (3) business days after postmarked if sent by U.S. Postal Service Certified or Registered Mail, Return Receipt Requested. Notices delivered by other means shall be deemed delivered upon receipt by the addressee. Routine communications may be made by first class mail, telefax, or other commercially accepted means. Notices to the Contractor shall be sent to the address specified in the Contractor's Offer, or at such other address as a party may notify the other in writing. Notices to the City shall be addressed to the City at P.O. Box 1088, Austin, Texas 78767 and marked to the attention of the Contract Administrator.
35. **RIGHTS TO BID, PROPOSAL AND CONTRACTUAL MATERIAL**: All material submitted by the Contractor to the City shall become property of the City upon receipt. Any portions of such material claimed by the Contractor to be proprietary must be clearly marked as such. Determination of the public nature of the material is subject to the Texas Public Information Act, Chapter 552, Texas Government Code.
36. **NO WARRANTY BY CITY AGAINST INFRINGEMENTS**: The Contractor represents and warrants to the City that: (i) the Contractor shall provide the City good and indefeasible title to the Deliverables and (ii) the Deliverables supplied by the Contractor in accordance with the specifications in the Contract will not infringe, directly or contributorily, any patent, trademark, copyright, trade secret, or any other intellectual property right of any kind of any third party; that no claims have been made by any person or entity with respect to the ownership or operation of the Deliverables and the Contractor does not know of any valid basis for any such claims. The Contractor shall, at its sole expense, defend, indemnify, and hold the City harmless from and against all liability, damages, and costs (including court costs and reasonable fees of attorneys and other professionals) arising out of or resulting from: (i) any claim that the City's exercise anywhere in the world of the rights associated with the City's ownership, and if applicable, license rights, and its use of the Deliverables infringes the intellectual property rights of any third party; or (ii) the Contractor's breach of any of Contractor's representations or warranties stated in this Contract. In the event of any such claim, the City shall have the right to monitor such claim or at its option engage its own separate counsel to act as co-counsel on the City's behalf. Further, Contractor agrees that the City's specifications regarding the Deliverables shall in no way diminish Contractor's warranties or obligations under this paragraph and the City makes no warranty that the production, development, or delivery of such Deliverables will not impact such warranties of Contractor.
37. **CONFIDENTIALITY**: In order to provide the Deliverables to the City, Contractor may require access to certain of the City's and/or its licensors' confidential information (including inventions, employee information, trade secrets, confidential know-how, confidential business information, and other information which the City or its licensors consider confidential) (collectively, "Confidential Information"). Contractor acknowledges and agrees that the Confidential Information is the valuable property of the City and/or its licensors and any unauthorized use, disclosure, dissemination, or other release of the Confidential Information will substantially injure the City and/or its licensors. The Contractor (including its employees, subcontractors, agents, or representatives) agrees that it will maintain the Confidential Information in strict confidence and shall not disclose, disseminate, copy, divulge, recreate, or otherwise use the Confidential Information without the prior written consent of the City or in a manner not expressly permitted under this Agreement, unless the Confidential Information is required to be disclosed by law or an order of any court or other governmental authority with proper jurisdiction, provided the Contractor promptly notifies the City before disclosing such information so as to permit the City reasonable time to seek an appropriate protective order. The Contractor agrees to use protective measures no less stringent than the Contractor uses within its own business to protect its own most valuable information, which protective measures shall under all circumstances be at least reasonable measures to ensure the continued confidentiality of the Confidential Information.
38. **PUBLICATIONS**: All published material and written reports submitted under the Contract must be originally developed material unless otherwise specifically provided in the Contract. When material not originally developed is included in a report in any form, the source shall be identified.

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39. **ADVERTISING**: The Contractor shall not advertise or publish, without the City's prior consent, the fact that the City has entered into the Contract, except to the extent required by law.
40. **NO CONTINGENT FEES**: The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the Contract upon any agreement or understanding for commission, percentage, brokerage, or contingent fee, excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the City shall have the right, in addition to any other remedy available, to cancel the Contract without liability and to deduct from any amounts owed to the Contractor, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.
41. **GRATUITIES**: The City may, by written notice to the Contractor, cancel the Contract without liability if it is determined by the City that gratuities were offered or given by the Contractor or any agent or representative of the Contractor to any officer or employee of the City of Austin with a view toward securing the Contract or securing favorable treatment with respect to the awarding or amending or the making of any determinations with respect to the performing of such contract. In the event the Contract is canceled by the City pursuant to this provision, the City shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by the Contractor in providing such gratuities.
42. **PROHIBITION AGAINST PERSONAL INTEREST IN CONTRACTS**: No officer, employee, independent consultant, or elected official of the City who is involved in the development, evaluation, or decision-making process of the performance of any solicitation shall have a financial interest, direct or indirect, in the Contract resulting from that solicitation. Any willful violation of this section shall constitute impropriety in office, and any officer or employee guilty thereof shall be subject to disciplinary action up to and including dismissal. Any violation of this provision, with the knowledge, expressed or implied, of the Contractor shall render the Contract voidable by the City.
43. **INDEPENDENT CONTRACTOR**: The Contract shall not be construed as creating an employer/employee relationship, a partnership, or a joint venture. The Contractor's services shall be those of an independent contractor. The Contractor agrees and understands that the Contract does not grant any rights or privileges established for employees of the City.
44. **ASSIGNMENT-DELEGATION**: The Contract shall be binding upon and enure to the benefit of the City and the Contractor and their respective successors and assigns, provided however, that no right or interest in the Contract shall be assigned and no obligation shall be delegated by the Contractor without the prior written consent of the City. Any attempted assignment or delegation by the Contractor shall be void unless made in conformity with this paragraph. The Contract is not intended to confer rights or benefits on any person, firm or entity not a party hereto; it being the intention of the parties that there be no third party beneficiaries to the Contract.
45. **WAIVER**: No claim or right arising out of a breach of the Contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party. No waiver by either the Contractor or the City of any one or more events of default by the other party shall operate as, or be construed to be, a permanent waiver of any rights or obligations under the Contract, or an express or implied acceptance of any other existing or future default or defaults, whether of a similar or different character.
46. **MODIFICATIONS**: The Contract can be modified or amended only by a writing signed by both parties. No pre-printed or similar terms on any the Contractor invoice, order or other document shall have any force or effect to change the terms, covenants, and conditions of the Contract.
47. **INTERPRETATION**: The Contract is intended by the parties as a final, complete and exclusive statement of the terms of their agreement. No course of prior dealing between the parties or course of performance or usage of the trade shall be relevant to supplement or explain any term used in the Contract. Although the Contract may have been substantially drafted by one party, it is the intent of the parties that all provisions be construed in a manner to be fair to both parties, reading no provisions more strictly against one party or the other. Whenever a term defined by the Uniform Commercial Code, as enacted by the State of Texas, is used in the Contract, the UCC definition shall control, unless otherwise defined in the Contract.

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48. DISPUTE RESOLUTION:

- A. If a dispute arises out of or relates to the Contract, or the breach thereof, the parties agree to negotiate prior to prosecuting a suit for damages. However, this section does not prohibit the filing of a lawsuit to toll the running of a statute of limitations or to seek injunctive relief. Either party may make a written request for a meeting between representatives of each party within fourteen (14) calendar days after receipt of the request or such later period as agreed by the parties. Each party shall include, at a minimum, one (1) senior level individual with decision-making authority regarding the dispute. The purpose of this and any subsequent meeting is to attempt in good faith to negotiate a resolution of the dispute. If, within thirty (30) calendar days after such meeting, the parties have not succeeded in negotiating a resolution of the dispute, they will proceed directly to mediation as described below. Negotiation may be waived by a written agreement signed by both parties, in which event the parties may proceed directly to mediation as described below.
- B. If the efforts to resolve the dispute through negotiation fail, or the parties waive the negotiation process, the parties may select, within thirty (30) calendar days, a mediator trained in mediation skills to assist with resolution of the dispute. Should they choose this option, the City and the Contractor agree to act in good faith in the selection of the mediator and to give consideration to qualified individuals nominated to act as mediator. Nothing in the Contract prevents the parties from relying on the skills of a person who is trained in the subject matter of the dispute or a contract interpretation expert. If the parties fail to agree on a mediator within thirty (30) calendar days of initiation of the mediation process, the mediator shall be selected by the Travis County Dispute Resolution Center (DRC). The parties agree to participate in mediation in good faith for up to thirty (30) calendar days from the date of the first mediation session. The City and the Contractor will share the mediator's fees equally and the parties will bear their own costs of participation such as fees for any consultants or attorneys they may utilize to represent them or otherwise assist them in the mediation.

49. **JURISDICTION AND VENUE:** The Contract is made under and shall be governed by the laws of the State of Texas, including, when applicable, the Uniform Commercial Code as adopted in Texas, V.T.C.A., Bus. & Comm. Code, Chapter 1, excluding any rule or principle that would refer to and apply the substantive law of another state or jurisdiction. All issues arising from this Contract shall be resolved in the courts of Travis County, Texas and the parties agree to submit to the exclusive personal jurisdiction of such courts. The foregoing, however, shall not be construed or interpreted to limit or restrict the right or ability of the City to seek and secure injunctive relief from any competent authority as contemplated herein.

50. **INVALIDITY:** The invalidity, illegality, or unenforceability of any provision of the Contract shall in no way affect the validity or enforceability of any other portion or provision of the Contract. Any void provision shall be deemed severed from the Contract and the balance of the Contract shall be construed and enforced as if the Contract did not contain the particular portion or provision held to be void. The parties further agree to reform the Contract to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this section shall not prevent this entire Contract from being void should a provision which is the essence of the Contract be determined to be void.

51. **HOLIDAYS:** The following holidays are observed by the City:

<u>Holiday</u>	<u>Date Observed</u>
New Year's Day	January 1
Martin Luther King, Jr.'s Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11

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Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Friday after Thanksgiving
Christmas Eve	December 24
Christmas Day	December 25

If a Legal Holiday falls on Saturday, it will be observed on the preceding Friday. If a Legal Holiday falls on Sunday, it will be observed on the following Monday.

52. **SURVIVABILITY OF OBLIGATIONS:** All provisions of the Contract that impose continuing obligations on the parties, including but not limited to the warranty, indemnity, and confidentiality obligations of the parties, shall survive the expiration or termination of the Contract.

53. **NON-SUSPENSION OR DEBARMENT CERTIFICATION:**

The City of Austin is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from Federal, State, or City of Austin Contracts. By accepting a Contract with the City, the Vendor certifies that its firm and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

54. **EQUAL OPPORTUNITY**

A. **Equal Employment Opportunity:** No Contractor, or Contractor's agent, shall engage in any discriminatory employment practice as defined in Chapter 5-4 of the City Code. No Offer submitted to the City shall be considered, nor any Purchase Order issued, or any Contract awarded by the City unless the Offeror has executed and filed with the City Purchasing Office a current Non-Discrimination Certification. Non-compliance with Chapter 5-4 of the City Code may result in sanctions, including termination of the contract and the Contractor's suspension or debarment from participation on future City contracts until deemed compliant with Chapter 5-4.

B. **Americans with Disabilities Act (ADA) Compliance:** No Contractor, or Contractor's agent, shall engage in any discriminatory practice against individuals with disabilities as defined in the ADA, including but not limited to: employment, accessibility to goods and services, reasonable accommodations, and effective communications.

55. **BUY AMERICAN ACT-SUPPLIES (Applicable to certain Federally funded requirements)**

A. Definitions. As used in this paragraph –

i. "Component" means an article, material, or supply incorporated directly into an end product.

ii. "Cost of components" means -

- (1) For components purchased by the Contractor, the acquisition cost, including transportation costs to the place of incorporation into the end product (whether or not such costs are paid to a domestic firm), and any applicable duty (whether or not a duty-free entry certificate is issued); or
- (2) For components manufactured by the Contractor, all costs associated with the manufacture of the component, including transportation costs as described in paragraph (1) of this definition, plus allocable overhead costs, but excluding profit. Cost of components does not include any costs associated with the manufacture of the end product.

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- iii. "Domestic end product" means-
 - (1) An unmanufactured end product mined or produced in the United States; or
 - (2) An end product manufactured in the United States, if the cost of its components mined, produced, or manufactured in the United States exceeds 50 percent of the cost of all its components. Components of foreign origin of the same class or kind as those that the agency determines are not mined, produced, or manufactured in sufficient and reasonably available commercial quantities of a satisfactory quality are treated as domestic. Scrap generated, collected, and prepared for processing in the United States is considered domestic.
- iv. "End product" means those articles, materials, and supplies to be acquired under the contract for public use.
- v. "Foreign end product" means an end product other than a domestic end product.
- vi. "United States" means the 50 States, the District of Columbia, and outlying areas.
- B. The Buy American Act (41 U.S.C. 10a - 10d) provides a preference for domestic end products for supplies acquired for use in the United States.
- C. The City does not maintain a list of foreign articles that will be treated as domestic for this Contract; but will consider for approval foreign articles as domestic for this product if the articles are on a list approved by another Governmental Agency. The Offeror shall submit documentation with their Offer demonstrating that the article is on an approved Governmental list.
- D. The Contractor shall deliver only domestic end products except to the extent that it specified delivery of foreign end products in the provision of the Solicitation entitled "Buy American Act Certificate".

56. PROHIBITION OF BOYCOTT ISRAEL VERIFICATION

Pursuant to Texas Government Code §2270.002, the City is prohibited from contracting with any "company" for goods or services unless the following verification is included in this **Contract**.

- A. For the purposes of this Section only, the terms "company" and "boycott Israel" have the meaning assigned by Texas Government Code §2270.001.
- B. If the **Principal Artist** qualifies as a "company", then the **Principal Artist** verifies that he:
 - i. does not "boycott Israel"; and
 - ii. will not "boycott Israel" during the term of this **Contract**.
- C. The **Principal Artist's** obligations under this Section, if any exist, will automatically cease or be reduced to the extent that the requirements of Texas Government Code Chapter 2270 are subsequently repealed, reduced, or declared unenforceable or invalid in whole or in part by any court or tribunal of competent jurisdiction or by the Texas Attorney General, without any further impact on the validity or continuity of this Contract.

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The following Supplemental Purchasing Provisions apply to this solicitation:

1. **EXPLANATIONS OR CLARIFICATIONS:** (reference paragraph 5 in Section 0200)

All requests for explanations or clarifications must be submitted in writing to the Purchasing Office by email to erin.dvincent@austintexas.gov at least seven (7) business days before solicitation due date.

2. **ALTERNATE OFFERS:** (reference paragraph 7A in Section 0200)

Alternate Offers will be considered on items listed as not-branded.

3. **INSURANCE:** Insurance is required for this solicitation.

A. **General Requirements:** See Section 0300, Standard Purchase Terms and Conditions, paragraph 32, entitled Insurance, for general insurance requirements.

- i. The Contractor shall provide a Certificate of Insurance as verification of coverages required below to the City at the below address prior to contract execution and within 14 calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award
- ii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.
- iii. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or holdover period is exercised, as verification of continuing coverage.
- iv. The Certificate of Insurance, and updates, shall be mailed to the following address:

City of Austin Purchasing Office
P. O. Box 1088
Austin, Texas 78767

OR

PURInsuranceCompliance@austintexas.gov

B. **Specific Coverage Requirements:** The Contractor shall at a minimum carry insurance in the types and amounts indicated below for the duration of the Contract, including extension options and hold over periods, and during any warranty period. These insurance coverages are required minimums and are not intended to limit the responsibility or liability of the Contractor.

- i. **Worker's Compensation and Employers' Liability Insurance:** Coverage shall be consistent with statutory benefits outlined in the Texas Worker's Compensation Act (Section 401). The minimum policy limits for Employer's Liability are \$100,000 bodily injury each accident, \$500,000 bodily injury by disease policy limit and \$100,000 bodily injury by disease each employee.
 - (1) The Contractor's policy shall apply to the State of Texas and include these endorsements in favor of the City of Austin:
 - (a) Waiver of Subrogation, Form WC420304, or equivalent coverage
 - (b) Thirty (30) days Notice of Cancellation, Form WC420601, or equivalent coverage
- ii. **Commercial General Liability Insurance:** The minimum bodily injury and property damage per occurrence are \$500,000 for coverages A (Bodily Injury and Property Damage) and B (Personal and Advertising Injury).
 - (1) The policy shall contain the following provisions:

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- (a) Contractual liability coverage for liability assumed under the Contract and all other Contracts related to the project.
 - (b) Contractor/Subcontracted Work.
 - (c) Products/Completed Operations Liability for the duration of the warranty period.
 - (d) If the project involves digging or drilling provisions must be included that provide Explosion, Collapse, and/or Underground Coverage.
 - (2) The policy shall also include these endorsements in favor of the City of Austin:
 - (a) Waiver of Subrogation, Endorsement CG 2404, or equivalent coverage
 - (b) Thirty (30) days Notice of Cancellation, Endorsement CG 0205, or equivalent coverage
 - (c) The City of Austin listed as an additional insured, Endorsement CG 2010, or equivalent coverage
 - iii. **Business Automobile Liability Insurance:** The Contractor shall provide coverage for all owned, non-owned and hired vehicles with a minimum combined single limit of \$500,000 per occurrence for bodily injury and property damage. Alternate acceptable limits are \$250,000 bodily injury per person, \$500,000 bodily injury per occurrence and at least \$100,000 property damage liability per accident.
 - (1) The policy shall include these endorsements in favor of the City of Austin:
 - (a) Waiver of Subrogation, Endorsement CA0444, or equivalent coverage
 - (b) Thirty (30) days Notice of Cancellation, Endorsement CA0244, or equivalent coverage
 - (c) The City of Austin listed as an additional insured, Endorsement CA2048, or equivalent coverage.
- C. **Endorsements:** The specific insurance coverage endorsements specified above, or their equivalents must be provided. In the event that endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review and approval.
4. **TERM OF CONTRACT:**
- A. The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option. If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.
 - B. Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under this Contract. Any hold over period will not exceed 120 calendar days unless mutually agreed on by both parties in writing.
 - C. Upon written notice to the Contractor from the City's Purchasing Officer or his designee and acceptance of the Contractor, the term of this contract shall be extended on the same terms and conditions for an additional period as indicated in paragraph A above.
 - D. Prices are firm and fixed for the first twelve (12) months. Thereafter, price changes are subject to the Economic Price Adjustment provisions of this Contract.
5. **QUANTITIES:** The quantities listed in Section 0600 Bid Sheet are estimates for the first year of the Contract. The City reserves the right to purchase more or less of these quantities as may be required during the Contract term. Quantities will be as needed and specified by the City for each order. Unless specified in the solicitation, there are no minimum order quantities.

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6. ORDER REQUIREMENTS:

Location:

To be listed on purchase order

Days:

Monday – Friday

- A. Delivery is to be made within seven (7) business days after the order is placed online. All orders must be shipped complete unless arrangements for partial shipments are made in advance.
- B. The Contractor shall provide, with each delivery, a Shipping or Delivery Ticket showing the description of each item, quantity, and unit price.
- C. Contractor shall provide written order confirmation via fax, e-mail, or online website within 24 hours of order placement by ATCEMS. Order confirmation shall include either the purchase order document number or credit card transaction number, unique order transaction number, product name, item number, order quantity, unit price, and extended price.
- D. Unless requested by the City, deliveries shall not be made on City-recognized legal holidays (see paragraph 51 in Section 0300).

7. INVOICES and PAYMENT: (reference paragraphs 12 and 13 in Section 0300)

- A. Invoices shall contain a unique invoice number and the information required in Section 0300, paragraph 12, entitled "Invoices." Invoices received without all required information cannot be processed and will be returned to the vendor.

Invoices shall be mailed to the below address:

	City of Austin
Department	Emergency Medical Services
Attn:	Accounts Payable
Address	P.O. Box 1088
City, State Zip Code	Austin, TX 78767

- B. The Contractor agrees to accept payment by credit card for all goods and/or services provided under the Contract. The Contractor shall factor the cost of processing credit card payments into the Offer. There shall be no additional charges, surcharges, or penalties to the City for payments made by credit card.

8. RESTOCKING FEES:

- A. The Contractor may bill the City restocking fees (if included in their Offer) for parts that are ordered by the City under the contract and returned for refund. The Contractor is not obligated to accept for refund any part that is not resalable and/or not in the same condition as when purchased.
- B. Restocking fees may be charged to the City when multiple parts or groups of parts are returned for refund at one time due to the City inventory warehouse cleaning, unless these parts are returned at an annual pre-arranged date. The date for the annual return shall be mutually agreed upon between the City and the Contractor.

9. SAMPLES – EXACT REPLICA:

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- A. If requested, the Offeror shall submit an exact replica of the goods to be provided per the specification or bid sheet. This sample shall be provided within three (3) working days after request by the City.
- B. The address where to ship the samples will be provided in the request.
- C. All products provided to the City under this solicitation will be evaluated or tested and must meet all requirements of the specification, regardless of whether or not all requirements are to be evaluated or tested.
- D. Samples will be provided at no cost to the City, will be retained by the City, and may be used for use in assuring compliance with materials specifications after award. Failure to supply samples when requested shall subject the Offer to disqualification from consideration for award.

10. HAZARDOUS MATERIALS:

- A. If this Solicitation involves hazardous materials, the Offeror shall furnish with the Offer Material Safety Data Sheets (MSDS), (OSHA Form 20), on all chemicals and hazardous materials specifying the generic and trade name of product, product specification, and full hazard information including receiving and storage hazards. Instructions, special equipment needed for handling, information on approved containers, and instructions for the disposal of the material are also required.
- B. Failure to submit the MSDS as part of the Offer may subject the Offer to disqualification from consideration for award.
- C. The MSDS, instructions and information required in paragraph "A" must be included with each shipment under the contract.

11. PUBLISHED PRICE LISTS:

- A. Offerors may quote using published price lists in the following ways:
 - i. Offerors may quote one discount from a Published Price List for all offered items to be covered in the Contract. The discount must remain firm during the life of the Contract.
 - ii. Offerors may quote their dealer cost, plus a percentage markup to be added to the cost. The percentage markup must remain firm during the life of the contract.
- B. Two (2) copies of the list upon which the discounts or markups are based shall be submitted with the Offer. All price lists identified in the Offer shall clearly include the Offeror's name and address, the solicitation number, prices, title of the discount and number, and the latest effective date of the price list. If the Offer is based on a discount or markup on a manufacturer's price list, the price list must also include the manufacturer's name, the manufacturer's latest effective date, and the manufacturer's price schedule. All price lists submitted become part of the Offer.
- C. The price list may be superseded or replaced during the Contract term only if price revisions are the result of the manufacturer's official price list revision. Written notification from the Contractor of price changes, along with two (2) copies of the revised list must be submitted to the Buyer in the Purchasing Office with the effective date of change to be at least thirty (30) calendar days after written notification. The City reserves the right to refuse any list revision.
- D. The discounts or markups on equipment rental, material, supplies, parts, and contract services shall be fixed throughout the term of the Contract, and are not subject to increase.

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- E. Failure to submit written notification of price list revisions will result in the rejection of new prices being invoiced. The City will only pay invoices according to the last approved price list.

12. NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING:

- A. On November 10, 2011, the Austin City Council adopted Ordinance No. 20111110-052 amending Chapter 2.7, Article 6 of the City Code relating to Anti-Lobbying and Procurement. The policy defined in this Code applies to Solicitations for goods and/or services requiring City Council approval under City Charter Article VII, Section 15 (Purchase Procedures). During the No-Contact Period, Offerors or potential Offerors are prohibited from making a representation to anyone other than the Authorized Contact Person in the Solicitation as the contact for questions and comments regarding the Solicitation.
- B. If during the No-Contact Period an Offeror makes a representation to anyone other than the Authorized Contact Person for the Solicitation, the Offeror's Offer is disqualified from further consideration except as permitted in the Ordinance.
- C. If an Offeror has been disqualified under this article more than two times in a sixty (60) month period, the Purchasing Officer shall debar the Offeror from doing business with the City for a period not to exceed three (3) years, provided the Offeror is given written notice and a hearing in advance of the debarment.
- D. The City requires Offerors submitting Offers on this Solicitation to certify that the Offeror has not in any way directly or indirectly made representations to anyone other than the Authorized Contact Person during the No-Contact Period as defined in the Ordinance. The text of the City Ordinance is posted on the Internet at: <http://www.ci.austin.tx.us/edims/document.cfm?id=161145>

13. ECONOMIC PRICE ADJUSTMENT:

- A. **Price Adjustments:** Prices shown in this Contract shall remain firm for the first twelve (12) months of the Contract. After that, in recognition of the potential for fluctuation of the Contractor's cost, a price adjustment (increase or decrease) may be requested by either the City or the Contractor on the anniversary date of the Contract or as may otherwise be specified herein. The percentage change between the contract price and the requested price shall not exceed the percentage change between the specified index in effect on the date the solicitation closed and the most recent, non-preliminary data at the time the price adjustment is requested. The requested price adjustment shall not exceed twenty-five percent (25%) for any single line item and in no event shall the total amount of the contract be automatically adjusted as a result of the change in one or more line items made pursuant to this provision. Prices for products or services unaffected by verifiable cost trends shall not be subject to adjustment.
- B. **Effective Date:** Approved price adjustments will go into effect on the first day of the upcoming renewal period or anniversary date of contract award and remain in effect until contract expiration unless changed by subsequent amendment.
- C. **Adjustments:** A request for price adjustment must be made in writing and submitted to the other Party prior to the yearly anniversary date of the Contract; adjustments may only be considered at that time unless otherwise specified herein. Requested adjustments must be solely for the purpose of accommodating changes in the Contractor's direct costs. Contractor shall provide an updated price listing once agreed to adjustment(s) have been approved by the parties.
- D. **Indexes:** In most cases an index from the Bureau of Labor Standards (BLS) will be utilized; however, if there is more appropriate, industry recognized standard then that index may be selected.
- i. The following definitions apply:

**CITY OF AUSTIN
PURCHASING OFFICE
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- (1) **Base Period:** Month and year of the original contracted price (the solicitation close date).
 - (2) **Base Price:** Initial price quoted, proposed and/or contracted per unit of measure.
 - (3) **Adjusted Price:** Base Price after it has been adjusted in accordance with the applicable index change and instructions provided.
 - (4) **Change Factor:** The multiplier utilized to adjust the Base Price to the Adjusted Price.
 - (5) **Weight %:** The percent of the Base Price subject to adjustment based on an index change.
- ii. **Adjustment-Request Review:** Each adjustment-request received will be reviewed and compared to changes in the index(es) identified below. Where applicable:
- (1) Utilize final Compilation data instead of Preliminary data
 - (2) If the referenced index is no longer available shift up to the next higher category index.
- iii. **Index Identification:** Complete table as they may apply.

Weight % of Base Price: 100%	
Database Name: Producer Price Index	
Series ID: pcu42300042300045	
<input checked="" type="checkbox"/> Not Seasonally Adjusted	<input type="checkbox"/> Seasonally Adjusted
Geographical Area: United States	
Description of Series ID: Wholesale distribution of medical, dental, and hospital equipment and supplies	
This Index shall apply to the following items of the Bid Sheet:	

Weight % of Base Price: 100%	
Database Name: Producer Price Index	
Series ID: pcu3254--3254--	
<input checked="" type="checkbox"/> Not Seasonally Adjusted	<input type="checkbox"/> Seasonally Adjusted
Geographical Area: United States	
Description of Series ID: Pharmaceutical and medicine mfg	
This Index shall apply to the following items of the Bid Sheet:	

- E. **Calculation:** Price adjustment will be calculated as follows:

Single Index: Adjust the Base Price by the same factor calculated for the index change.

Index at time of calculation
Divided by index on solicitation close date
Equals Change Factor
Multiplied by the Base Rate
Equals the Adjusted Price

- F. If the requested adjustment is not supported by the referenced index, the City, at its sole discretion, may consider approving an adjustment on fully documented market increases.

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14. **INTERLOCAL PURCHASING AGREEMENTS:** (applicable to competitively procured goods/services contracts).
- A. The City has entered into Interlocal Purchasing Agreements with other governmental entities, pursuant to the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code. The Contractor agrees to offer the same prices and terms and conditions to other eligible governmental agencies that have an interlocal agreement with the City.
 - B. The City does not accept any responsibility or liability for the purchases by other governmental agencies through an interlocal cooperative agreement.
15. **PRODUCT MODIFICATIONS:**
- A. The City reserves the right at any time during the contract period to modify the products listed in Section 0600 Bid Sheet. Modifications may include substitution or addition of new products, as updated and new versions become available to the market. For substitutions, the Contractor shall submit a request in writing to the City Contract Manager at least sixty (60) days in advance of the replacement, when feasible, that shall include a detailed product description, product number, packaging, and price of both the original product and the product substitution. For product additions, the City Contract Manager shall obtain a detailed product description, product number, packaging, and price from the Contractor and submit a request in writing to the Purchasing Office to add the new product. If approved, the City will issue an Amendment to authorize the product substitution or addition. Amendments will only be issued for items within the same general scope of the awarded contract.
 - B. Contractor shall submit fixed pricing for all products that are substituted or added. The City will only consider a price adjustment on substituted or added products in accordance with the provisions listed in Item 13 – Economic Price Adjustment.
16. **CONTRACT MANAGER:** The following person is designated as Contract Manager, and will act as the contact point between the City and the Contractor during the term of the Contract:

William Alderete

William.Alderete@austintexas.gov

512-978-0485

*Note: The above listed Contract Manager is not the authorized Contact Person for purposes of the **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING Provision** of this Section; and therefore, contact with the Contract Manager is prohibited during the no contact period.

Specifications
SOLICITATION NO. IFB 9300 EAD0262
Description: EMS Medical Supplies

1. Purpose

The City of Austin ("City") seeks Contractors to provide medical supplies and pharmaceuticals for the Austin-Travis County Emergency Medical Services (ATCEMS) Health System. Additionally, the City seeks an e-Commerce order system, a Drug Enforcement Administration (DEA) compliant web based Controlled Substance Ordering System (CSOS), a reverse distribution program, and the ability to provide custom convenience kits, barcoded documentation, and radio frequency identification labeling service.

The City reserves the right to make multiple awards based on individual or groups of specific line items, based on cost, convenience, or any criteria deemed by the City to be most advantageous. If multiple awards are made, the City will likely award a contract based on the categories listed in Section 0600 - Bid Sheet. A single Contractor may be awarded one or more of these categories.

2. Background

The ATCEMS Health System, under the direction of the Office of the Medical Director (OMD), includes the ATCEMS Department, Austin Fire Department, and Travis County Emergency Service Districts. ATCEMS operates 42 frontline ambulances, stations, 7 district units, special response and special events units, and an Academy division. The requested medical supplies and pharmaceuticals will be used in pre-hospital patient care by the ATCEMS System. ATCEMS responds to emergencies 24 hours per day, 365 days per year; responding to 124,000 emergency calls annually. The OMD prescribes Advanced Life Support (ALS) and Basic Life Support (BLS) medical supplies, and pharmaceuticals, including Class II and III controlled medications, for use treat and stabilize sick, traumatically injured, and other types of patients.

3. Contractor Qualifications

3.1. Contractor shall have a minimum of five years as a medical supplies distributor. Contractor shall submit proof of experience in the form of references on Section 0700 Reference Sheet.

3.2. Contractor shall be an authorized distributor of the medical devices, supplies, and pharmaceuticals listed on the bid sheet. Contractors should submit proof of authorization by the manufacturer with their bid.

4. Contractor's Responsibilities

4.1. Contractor shall provide the specified medical devices, supplies, and pharmaceuticals in the quantities requested, in the time frame required by the City.

4.2. Contractor shall provide latex free medical supplies and supplies shall be labeled as such. Proof of latex free manufacturing shall be provided upon request by the City. **Latex based products will not be considered for award.**

4.3. All products shall be new, in their original packaging, and meet all United States Pharmacopeial (USP) and Food and Drug Act (FDA) standards.

4.3.1. All pharmaceuticals shall be packed in the original packages of the manufacturer and labeled according to the Federal Food, Drug and Cosmetic Act and according to Article 4542C, Vernon's Civil Statutes "Prescription Drugs-Labeling Requirements" effective January 1, 1976. Only standard commercial packages will be acceptable. Each bottle,

Specifications
SOLICITATION NO. IFB 9300 EAD0262
Description: EMS Medical Supplies

vial, package, etc., shall bear the manufacturer's number or control number. Labeling on smallest package size of each drug shall include name of product as it appears on the contract. The product shall be labeled with commercially typeset labels that contain the following information: content, formulation, strength, official compendia, name and business address of the original manufacturer of the finished dosage form, name and business address of all repackagers or distributors of the drug, lot identification number, and expiration date (if applicable).

- 4.4. Contractor shall provide customer order processing system options including a web based ordering system, telephone ordering, fax ordering, and electronic mail ordering. All methods shall be available to be considered for award.
- 4.5. Contractor shall provide a DEA approved web based CSOS to process Class II and III pharmaceuticals. DEA Office of Diversion Control CSOS requirements are described at this website: <https://www.deaecom.gov/csosmain.html>. All requirements shall be met to be considered for award.
- 4.6. Contractor shall provide a reverse distribution program for all classes of pharmaceuticals including Classes I through III, and if applicable, medical devices, and supplies.
- 4.7. Contractor shall provide a radio frequency identification (RFID) labeling service, affixing specified RFID labels on a per unit sold basis.
- 4.8. Contractor shall provide Safety Data Sheets, either downloadable via the online ordering system, or provide hard copy for each qualifying product ordered.
- 4.9. Contractor shall accept City credit cards as the primary means of payment for orders placed.
- 4.10. Contractor shall provide a product returns or reconciliation process for discrepant shipments when requested by the City.
- 4.11. Contractor shall provide a contingency response plan if requested by the City in the event a major emergency event is declared.
- 4.12. Contractor shall notify the City via email or phone if the ordered product is out of stock or if the manufacturer has the item on backorder. The City is authorized to use other sources to secure the product when not available from the Contractor at the time the order is placed.
- 4.13. Contractor shall provide the logistics required to ensure the timely and proper delivery of each order placed by the City. This includes packaging and protection of goods, and temperature management.

5. City Responsibilities

- 5.1. The City will provide the Contractor upon request the medical licensing and authorizations to procure medical devices, supplies, and pharmaceuticals.
- 5.2. The City will provide the list of people authorized to order from the contract. Only authorized ATCEMS purchasing personnel may purchase and distribute authorized medical supplies and pharmaceuticals.

Specifications
SOLICITATION NO. IFB 9300 EAD0262
Description: EMS Medical Supplies

5.3. Ensure only properly credentialed emergency response personnel are authorized to receive and administer approved medical supplies and pharmaceuticals for emergency patient care.

5.4. All medical supplies and pharmaceuticals are approved and authorized for purchase under the licensing Medical Doctor, Office of the Medical Director

6. Product Requirements

6.1. Medical devices, supplies, and pharmaceuticals shall have a minimum 12 months shelf life from the date the product is shipped.

6.2. Products shall be clearly marked with lot numbers and expiration dates. Products received with less than 12 months shelf life shall be returned to the Contractor for full credit.

7. Convenience kits

The City seeks assembled FDA compliant convenience kits. The term "convenience kit" is 67 defined at 21 CFR 801.3 as "two or more different medical devices packaged together for the convenience of the user. The City seeks custom convenience kits assembled and ready for use, as follows:

7.1.1. Nebulizer kit – consists of:

- 7.1.1.1. 1 each Adult Elongated Aerosol Mask Hudson RCI 1083 or equal
- 7.1.1.2. 1 each Ventilator Adapter Elbow Hudson RCI 1078 or equal
- 7.1.1.3. 1 each Micro Mist Nebulizer Hudson 1883 or equal
- 7.1.1.4. 1 each Universal Cuff Adaptor, 22mm I.D. Hudson RCI 1421 or equal
- 7.1.1.5. 1 each EMS configuration flyer (PDF to be provided by the City)
- 7.1.1.6. Sealed in clear plastic bag (Contractor provided)
- 7.1.1.7. FDA compliant labeling
- 7.1.1.8. Single Use

7.2. If applicable, Safety Data Sheets shall be provided online or a hard copy shall be included with each shipment.

8. Sustainability

When possible, the contractor shall provide sustainable medical products stating the particular characteristics for that product or products. Examples include being made with sustainable packaging, recyclable containers, VOC, PVC, or DEPH free. These are examples and not all-inclusive.

9. Brand Name

ATCEMS has certified that listed brands/manufactured products have been evaluated and found to be the gold standard for this system. Use of any other brand than that listed would require additional protocols to be implemented to comply with Texas Department of Health statute hindering ATCEMS performance and readiness. Items listed as branded on Section 0600 Bid Sheet shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded on Section 0600 Bid Sheet during the solicitation process.

10. Product Returns

Products returned due to quality problems, duplicate shipments, outdated product, incorrect item shipped, authorized user error, or Contractor errors otherwise not specified shall be replaced with

Specifications
SOLICITATION NO. IFB 9300 EAD0262
Description: EMS Medical Supplies

specified products, or the City shall be credited/refunded for the full purchase price. There shall be no restocking fee if returned products can be sold.

11. Emergency Purchasing

In the event that an emergency is declared, if the emergency requires prompt and immediate delivery of products or services, the City reserves the right to obtain such products or services from any source, including but not limited to this contract. The Contractor shall provide a point of contact and telephone number for emergency service, available 24/7/365.

12. Ecommerce Program

Contractor shall demonstrate its ability to provide a secure, web ordering system that is accessible 24/7, that provides unique accounts, real-time availability status of contract and non-contracted supplies, contract pricing, order status, on demand reports of order history, spend analysis, usage history, automated email order and status confirmation, and Safety Data Sheets (SDS) on demand. The Contractor shall be able to demonstrate their system with a remote login for the City's viewing. A demonstration of this system will be required before being considered for award.

13. Controlled Substance Ordering System (CSOS)

In order to be awarded Category I, lines 1, 2, or 3 in Section 0600 Bid Sheet, Contractor shall demonstrate its ability to provide a DEA compliant web based controlled CSOS to process order requests for these controlled pharmaceuticals. Contractor shall be able to demonstrate via remote login all facets of its CSOS system, provide training on the system, and provide assistance to process orders. A demonstration of this system will be required before being considered for award. A Contractor who doesn't have a CSOS system will not be considered for award for Category I in Section 0600 Bid Sheet.

14. Reverse Distribution Program

The City prefers Contractor(s) who have a reverse distribution program. Contractor(s) who have this ability shall demonstrate their system via remote login for all classes of pharmaceuticals and when possible, medical supplies, and devices and an emphasis on Classes I through III, as well as other medical supplies, program procedures and process, account management, program costs, resources provided, and credit management. A demonstration of this system may be required before being considered for award.

15. Radio Frequency Identification Labeling Service (RFID)

The City prefers Contractor(s) who have the ability to provide RFID services.

- 15.1. If possible, Contractor(s) should provide an RFID labeling service, printing, or have the following RFID labeling: Apptricity app-prfid-.05" x 1.5" and apt-prfid-1"x3" labels or equal.
- 15.2. Labeling should be affixed to contracted medical supplies, medical devices, and pharmaceuticals, based on an agreed per-use basis.
- 15.3. Labeling services implementation and termination will be determined and agreed to by the City and the Contractor(s).
- 15.4. Services include
 - 15.4.1. Unpackaging supplies
 - 15.4.2. Affixing specified RFID label
 - 15.4.3. Updating specified RFID tracking system
 - 15.4.4. RFID tag information

Specifications
SOLICITATION NO. IFB 9300 EAD0262
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- 15.4.5. Item description , reference data
- 15.4.6. If applicable, lot number and expiration date
- 15.4.7. Repackaging product
- 15.4.8. Shipping to customer address
- 15.5. The City reserves the right to include this service at any time during the life of the contract and as agreed to by both parties, included and billed as a separate service for contracted medical supplies.
- 15.6. Within their capabilities, Contractor should provide barcoded or Radio Frequency Identification labeling for products and shipment documentation.

16. Reports

Contractor shall furnish a monthly itemized report for orders processed in excel format, or other format as requested by the City, by account number, sales order number, item description, quantity, purchase unit of measure, purchase cost, extended cost, status of order, backorder, complete, cancelled, mode of shipment, and if the order is paid, or pending payment. The report will be used to reconcile purchases and inventory records. The report shall be made accessible via the online account and via email to the EMS Purchasing email group: EMS Purchasing EMSPurchasing@austintexas.gov.



**BID SHEET
CITY OF AUSTIN
EMS MEDICAL SUPPLIES**

SOLICITATION NO.: **IFB 9300 EAD0262**

BUYER: **Erin D'Vincent**

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

A bid of "0" (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of "no bid" or no response (space left blank) will be interpreted by the City that the Offeror does not wish to bid on that item. Be advised, a "no bid" or no response may be considered as non-responsive and may result in disqualification of the bid.

Prices offered on the bid sheet shall be all inclusive of fees not expressly allowed in Section 0500. The Offeror shall not charge separately for administrative, overhead, per diem, and shipping or transportation costs (travel time, fuel surcharges, mileage, stop-fee, etc.) to deliver services or items to the Austin, Texas area. The Offeror shall provide all tools, labor, travel, and equipment necessary to perform the services required under this contract.

Items listed as branded shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded. If bidding a substitute product, please indicate the proposed substitution in Column L.

The City intends to award multiple awards based on categories of specific line items, pricing, or any criteria or combination deemed most advantageous to the City. An Offeror shall bid on all sections of a category in order to be considered for award of that category.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000		\$0.00	Not Branded	WestWard OR EQUAL	NDC 641602725			
1.2	Midazolam (Versed) 5mg/ml. 1m SDV. Class III	EACH	6,000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01			
1.3	Ketamine. 5-mL multi-dose vial 100 mg/mL. CLASS III	EACH	1,200		\$0.00	Not Branded	WestWard OR EQUAL	0143-9509-10			
SUBTOTAL FOR CATEGORY 1 =				\$0.00							

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-6637-34			
2.2	2% Lidocaine HCl Injection, USP 100mg/5ml, LifeShield, Luer lock adapter with 20g protected needle	EACH	996		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34			
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL Vial	EACH	1,500		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1469-5 or NDC 76329-3369-1			
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe. Luer lock.	EACH	450		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01			
2.5	Amiodarone Hydrochloride Injection 150mg/3ml (50mg/ mL) SDV	EACH	1,160		\$0.00	Not Branded	PHARMACEUTICAL OR EQUAL	63323-0616-03			
2.6	Adenosine 12mg/4ml SDV	EACH	1,176		\$0.00	Not Branded	PHARMACEUTICAL OR EQUAL	NDC 63323-651-04			
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.	EACH	300		\$0.00	Not Branded	AUROBINDO OR EQUAL	65862-390-10			
2.8	0.9% Sodium Chloride Injection USP. 1000ml. IV bag.	EACH	20,000		\$0.00	Not Branded	B.BRAUN OR EQUAL	L8000			
2.9	0.9% Sodium Chloride Injection, USP. 250ml I.V Bag	EACH	8,000		\$0.00	Not Branded	B.BRAUN OR EQUAL	L8002			
2.10	Sterile Water 500ml. Plastic Bottle Container	EACH	3,000		\$0.00	Not Branded	B.BRAUN OR EQUAL	R5001-01			
2.11	Dextrose 10% in sterile water USP 250ml. IV Bag	EACH	3,000		\$0.00	Not Branded	B.BRAUN OR EQUAL	(L5202) NDC 00264-7520-20			
2.12	Hurricane® Spray. 2oz	EACH	144		\$0.00	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02			
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300		\$0.00	Not Branded	PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30			
2.14	Haloperidol (HALDOL) 5mg / mL. 1mL Vial	EACH	696		\$0.00	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01			
2.15	Glucagen Kit: 1 vial containing 1 mg (1 unit) GlucaGen (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700		\$0.00	Not Branded	FRESENIUS OR EQUAL	63323-0593-03			

2.16	Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL. Abboject* Prefilled Syringe	EACH	18000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34			
2.17	0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000		\$0.00	Not Branded	KENDALL TYCOO HEALTHCARE OR EQUAL	8881570121			
2.18	NITROMIST Pumpspray	EACH	300		\$0.00	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08			
2.19	Glucose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000		\$0.00	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30			
2.20	Levophed. 1mg/ml. 4ml ampoule.	EACH	1,500		\$0.00	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25			
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-6006-01			
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05			
SUBTOTAL FOR CATEGORY 2 =				\$0.00							
CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000		\$0.00	BRANDED	3M	2082			
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000		\$0.00	BRANDED	3M	1870			
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500		\$0.00	BRANDED	3M	1626			
3.4	Electrodes, Blue Sensor SP.	EACH	16,000		\$0.00	BRANDED	AMBU	SP-00-S/50			
3.5	C-Collar. Adult	EACH	7,000		\$0.00	BRANDED	AMBU	281-000			
3.6	10 Drop Intravenous Set.	EACH	22,500		\$0.00	BRANDED	AMSINO	MRA10E-95			
3.7	60 Drop Intravenous Set. Custom	EACH	5,000		\$0.00	BRANDED	AMSINO	MRSA60E-88			
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000		\$0.00	BRANDED	B.BRAUN	480206			
3.9	Glucometer Check Strip	EACH	2,500		\$0.00	BRANDED	BAYER HEALTHCARE	7099C			
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000		\$0.00	BRANDED	BECTON DICKINSON	303390			
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000		\$0.00	BRANDED	BECTON DICKINSON	303346			
3.12	sharps container 3 gal	EACH	500		\$0.00	Not Branded	BECTON DICKINSON OR EQUAL	305436			
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720		\$0.00	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410			
3.14	Disposable Pillow 15 ounce fill. 17 inches X 24 inches. White.	EACH	2,000		\$0.00	Not Branded	CARELINE OR EQUAL	089-0715			
3.15	Tourniquet® (C-A-T®)	EACH	500		\$0.00	BRANDED	COMPOSITE RESOURCE	30-0001			
3.16	Veni-Gard IV Dressing	EACH	33,300		\$0.00	BRANDED	CON-MED	705-4431			
3.17	Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000		\$0.00	BRANDED	COVIDIAN (ORIDION)	010209			
3.18	Sharps Dart, Sharps container with one time lockab le seal, 6.5 in 1½" diameter x 6½" Inside Length	EACH	15,000		\$0.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250			
3.19	Tourniquet. 1 inch x 18 inch. Light Blue	EACH	36,000		\$0.00	Not Branded	DAWNMIST OR EQUAL	4371			
3.20	Limb Holder 2 each per PAIR	EACH	3,000		\$0.00	BRANDED	DEROYAL	M2052			
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7" Plastic, 2 Piece- Side Release Buckle, impervious. with Loop-Loc™ ends.	EACH	5,000		\$0.00	BRANDED	DICK MEDICAL	37172 (OR)			
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500		\$0.00	Not Branded	DYNAREX OR EQUAL	3161			
3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000		\$0.00	Not Branded	DYNAREX OR EQUAL	4512			
3.24	O.T.D. (OPTIMUM TRACTION DEVICE). Orange	EACH	48		\$0.00	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800			
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40		\$0.00	BRANDED	ENGEL	MD14F			
3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175		\$0.00	BRANDED	ETHOX INTERNATIONAL INC	4010			

3.27	Model 65 Scoop™ Stretcher	EACH	12		\$0.00	BRANDED	FERNO	PT6500			
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000		\$0.00	BRANDED	GKR INDUSTRIES	7000 HP			
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000		\$0.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930			
3.30	MegaMover® 1500	EACH	5,000		\$0.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926			
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000		\$0.00	BRANDED	HUDSON RCI	1103			
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300		\$0.00	Not Branded	HUDSON RCI OR EQUAL	1060			
3.33	Micro Mist® Nebulizer	EACH	2,800		\$0.00	BRANDED	HUDSON RCI	1883			
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000		\$0.00	Not Branded	HUDSON RCI OR EQUAL	1115			
3.35	Adult Elongated Aerosol Mask	EACH	3,000		\$0.00	Not Branded	HUDSON RCI OR EQUAL	1083			
3.36	Nitrile Glove. X-Large	EACH	7,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4350			
3.37	Nitrile Glove. Large	EACH	10,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4300			
3.38	Nitrile Glove. Medium	EACH	6,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4200			
3.39	Nitrile Glove. Small	EACH	3,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4100			
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500		\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8705000			
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500		\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8704030			
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200		\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8703030			
3.43	Backboard Lime Green	EACH	30		\$0.00	BRANDED	IRON DUCK	35900			
3.44	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.	EACH	236,000		\$0.00	Not Branded	KENDALL TFCO HEALTHCARE OR EQUAL	9024			
3.45	Fluid Shield Procedure Mask	EACH	9,000		\$0.00	Not Branded	KIMBERLY CLARK OR EQUAL	47137			
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500		\$0.00	BRANDED	LAERDAL	700-00001			
3.47	Thomas Select Tube Holder, Adult	EACH	1,200		\$0.00	BRANDED	LAERDAL	600-42500			
3.48	Laerdal Suction Unit	EACH	100		\$0.00	BRANDED	LAERDAL	78002001			
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000		\$0.00	BRANDED	MEDLINE	NON 24335			
3.50	VIONEX® Antiseptic Towelette.. Individually packaged	EACH	50,000		\$0.00	BRANDED	METREX	10-1510			
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200		\$0.00	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056			
3.52	Adlt/Ped filterline set (Airway Adapter Set)	EACH	2,500		\$0.00	BRANDED	ORIDION	XS04620			
3.53	Atlas Cervical Collar. SIZE: Infant Short	EACH	500		\$0.00	BRANDED	OSSUR PHILADELPHIA ATLAS	PHP-A110			
3.54	SMART-BAG MO Size:Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000		\$0.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs			
3.55	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500		\$0.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs			
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000		\$0.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS			
3.57	Unistik® 2 Extra (21G) Safety Lancet	EACH	42,000		\$0.00	BRANDED	OWEN MUMFORD	AT 0712			
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000		\$0.00	BRANDED	PDI	B10800			
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900		\$0.00	BRANDED	PDI	Q86984			
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4		\$0.00	BRANDED	QUANTUM EMS	Q-BABY/ADD			
3.61	Sam Splints™ Flatfold	EACH	1,400		\$0.00	BRANDED	SAM MEDICAL	SP1121F			
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120		\$0.00	BRANDED	SAM MEDICAL	SL556652-LG			
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120		\$0.00	BRANDED	SAM MEDICAL	SL556652-SM			
3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000		\$0.00	BRANDED	SMITHS MEDICAL	3066			

3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000		\$0.00	BRANDED	SMITHS MEDICAL	3065			
3.66	I.V. Catheter Size: 16G x 1 1/4" Grey	EACH	2,200		\$0.00	BRANDED	SMITHS MEDICAL	3062			
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200		\$0.00	BRANDED	SMITHS MEDICAL	3060			
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000		\$0.00	BRANDED	SSCOR INC	44241			
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000		\$0.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090			
3.70	Mucosal Atomization Device	EACH	3,000		\$0.00	BRANDED	TELEFEX MEDICAL	MAD300			
3.71	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.	EACH	2,000		\$0.00	Not Branded	TIDI OR EQUAL	980043			
3.72	SPHYGMOMANOMETER, ADULT	EACH	408		\$0.00	Not Branded	VERIDIAN OR EQUAL	02-1081			
SUBTOTAL FOR CATEGORY 3 =				\$0.00							
CATEGORY 4 - CONVENIENCE KITS											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000		\$0.00	Not Branded	Vendor Assembled	N/A			
SUBTOTAL FOR CATEGORY 4 =				\$0.00							
CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only)											
The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be fixed throughout the term of the Contract including any subsequent extension periods.											
This information will not be used in the evaluation of the bid but is for informational purposes only and there is no guarantee of purchase. Information should be included on Attachment A.											
CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only) See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information											
DESCRIPTION		MAXIMUM RESTOCKING FEE PERCENTAGE									
Restocking Fees											
DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED											
DELIVERY METHOD: <input type="checkbox"/> COMMON CARRIER (FedEx,UPS) <input type="checkbox"/> VENDOR DELIVERY											
COMPANY NAME:											
EMAIL ADDRESS:											

**MEDICAL SUPPLIES
IFB 9300 EAD0262
ATTACHMENT A**

VENDOR SHALL LIST THE PERCENT DISCOUNT FROM CATALOG LIST PRICE THAT WILL BE OFFERED TO THE CITY FOR EACH APPLICABLE MANUFACTURER. IF VENDOR IS NOT ABLE TO PROVIDE A PARTICULAR MANUFACTURER, THE PERCENT DISCOUNT BOX SHALL BE LEFT BLANK.

LINE #	OTHER MANUFACTURERS	Discount from Manufacturer's Catalog List Price
1	ABBOTT LABS:	_____ %
2	ADENNA	_____ %
3	ADI MEDICAL	_____ %
4	ADVANCED CIRCULATORY SYSTEM	_____ %
5	AES INC	_____ %
6	ALPHA PROTECH	_____ %
7	AKORN:	_____ %
8	AKRIMAX PHARMACEUTICALS:	_____ %
9	AMERICAN DIAGNOSTICS CORPORATION:	_____ %
10	AMPHASTAR-IMS:	_____ %
11	AMSINO	_____ %
12	AMVEX	_____ %
13	APP PHARMACEUTICALS	_____ %
14	ARMSTRONG MEDICAL:	_____ %
15	BAYER HEALTHCARE:	_____ %
16	BAUSCH AND LOMB	_____ %
17	BEDFORD LABORATORIES:	_____ %
18	BEMIS HEALTHCARE:	_____ %
19	BPI LABS	_____ %
20	CARELINE	_____ %
21	COMPOSITE RESOURCE:	_____ %
22	CON-MED:	_____ %
23	COVIDIEN	_____ %
24	CURAPLEX	_____ %

25	DAWNMIST:	_____ %
26	DEROYAL	_____ %
27	DEY LABORATORIES:	_____ %
28	DICK MEDICAL	_____ %
29	DUKAL	_____ %
30	DUPONT	_____ %
31	DURAPORE	_____ %
32	ELITE CREATORS	_____ %
33	EMERGENCY PRODUCTS AND RESEARCH:	_____ %
34	ENGEL USA	_____ %
35	ESTILL MEDICAL	_____ %
36	ETHOX INTERNATIONAL INC:	_____ %
37	FRESENIUS	_____ %
38	FOUGERA PHARMACEUTICALS:	_____ %
39	FUTURA	_____ %
40	GKR INDUSTRIES:	_____ %
41	GLENMARK	_____ %
42	GRAHAM MEDICAL:	_____ %
43	GREENFIELD MEDICAL:	_____ %
44	HARTMANN:	_____ %
45	HONEYWELL	_____ %
46	ICE KOLD:	_____ %
47	INNOVATIVE HEALTHCARE MEDICAL	_____ %
48	ICU MEDICAL	_____ %
49	INNOVATIVE HEALTHCARE	_____ %
50	INTERSURGICAL INCORPORATED	_____ %
51	IRON DUCK:	_____ %
52	KENTRON HEALTHCARE	_____ %
53	KINGFISHER MEDICAL	_____ %

54	KINGFISHER MEDICAL	_____ %
55	MASIMO:	_____ %
56	MERIDIAN MEDICAL TECHNOLOGIES:	_____ %
57	MEDPRIDE	_____ %
58	MEDSOURCE	_____ %
59	MCNEIL CONSUMER HEALTHCARE	_____ %
60	MICROBVM	_____ %
61	MIRION TECHNOLOGIES:	_____ %
62	METREX :	_____ %
63	MOCKMEDS	_____ %
64	MOORE MEDICAL:	_____ %
65	MORTAN	_____ %
66	MYDENT INTERNATIONAL	_____ %
67	NATUS (NICOLET)	_____ %
68	NORTH AMERICAN RESCUE:	_____ %
69	NUTRAMAX:	_____ %
70	NOVAMED USA	_____ %
71	O-Two Medical	_____ %
72	ORIDIAN:	_____ %
73	OSSUR PHILADELPHIA ATLAS:	_____ %
74	OWEN MUMFORD:	_____ %
75	PADDACK LABS:	_____ %
76	PAR STERILE PRODUCTS LLC	_____ %
77	PEDIA	_____ %
78	PHARMACEUTICAL ASSOCIATES	_____ %
79	PHILIPS ELECTRONICS NORTH AMERICAN	_____ %
80	POSEY:	_____ %
81	PULMODYNE:	_____ %
82	PURRELL	_____ %

83	ROUSE PHARMACEUTICALS	_____ %
84	RUGBY LABORATORIES:	_____ %
85	QUANTUM EMS	_____ %
86	SAFETEC OF AMERICA	_____ %
87	SAFETY INTERNATIONAL	_____ %
88	SAGENT PHARMACEUTICALS:	_____ %
89	SAM MEDICAL:	_____ %
90	SEIKO	_____ %
91	SPERIAN	_____ %
92	SSCOR INC:	_____ %
93	STRYKER MEDICAL	_____ %
94	TAYLOR HEALTHCARE	_____ %
95	THOMAS EMS	_____ %
96	TIDI:	_____ %
97	VIASYS HEALTHCARE	_____ %
98	VERIDIAN	_____ %
99	WELCH ALLYN	_____ %
100	WEST-WARD PHARMACEUTICALS:	_____ %
101	WOLFE TORY MEDICAL:	_____ %
102	UCAPIT	_____ %
103	Z-MEDICA	_____ %
104	ZOLL MEDICAL	_____ %
105	FOR ALL OTHER MANUFACTURERS NOT SPECIFIED	_____ %

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference Sheet

Responding Company Name _____

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1.	Company's Name	_____
	Name and Title of Contact	_____
	Project Name	_____
	Present Address	_____
	City, State, Zip Code	_____
	Telephone Number	(____)_____ Fax Number (____)_____
	Email Address	_____
2.	Company's Name	_____
	Name and Title of Contact	_____
	Project Name	_____
	Present Address	_____
	City, State, Zip Code	_____
	Telephone Number	(____)_____ Fax Number (____)_____
	Email Address	_____
3.	Company's Name	_____
	Name and Title of Contact	_____
	Project Name	_____
	Present Address	_____
	City, State, Zip Code	_____
	Telephone Number	(____)_____ Fax Number (____)_____
	Email Address	_____

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, **OR** THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this _____ day of _____, _____

CONTRACTOR	_____
Authorized Signature	_____
Title	_____

Section 0835: Non-Resident Bidder Provisions

Company Name _____

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: _____

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
- (2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: _____ Which State: _____

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: _____

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☐ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name			
City Vendor ID Code			
Physical Address			
City, State Zip			
Phone Number		Email Address	
Is the Offeror City of Austin M/WBE certified?	<div><input type="checkbox"/> NO</div> <div><input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture</div>		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Name and Title of Authorized Representative (Print or Type)

Signature/Date

Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

- ☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

- ☐ I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;

STEP TWO: Perform Good Faith Efforts (Check List provided below);

STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL** of the following **CHECK BOXES MUST** be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.

- ☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.
- ☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the **Austin Metropolitan Statistical Area**, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)

PROCUREMENT PROGRAM

Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

- ☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

- ☐ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

- ☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact
		<input type="checkbox"/> Phone OR <input type="checkbox"/> Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

Reviewing Counselor

Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

Director/Assistant Director or Designee

Date

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
Henry Schein Inc. ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between Henry Schein Inc. having offices at P.O. Box 3227, Irmo, South Carolina 29063 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference
- 1.1.3 Henry Schein's Offer, dated May 8, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68

Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58

Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70

QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,

Boundtree – Items 3.17, 3.29, 3.31, 3.63, 3.72

Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.47,

Southern Safety – Items 3.5, 3.33, 3.50, 3.57

Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

HENRY SCHEIN INC.

CITY OF AUSTIN

SCOTT BRUNER

Printed Name of Authorized Person

Erin D'Vincent

Printed Name of Authorized Person

[Signature]

Signature

[Signature]

Signature

Major Cost Sec Sales

Title:

Procurement Supervisor

Title:

4/8/19

Date:

4-12-19

Date:

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: HENRY SCHERN INC
Company Address: PO BOX 3227
City, State, Zip: Irmo, SC 29063
Federal Tax ID No. _____
Printed Name of Officer or Authorized Representative: ANDY GOLDY
Title: GENERAL MANAGER
Signature of Officer or Authorized Representative: [Signature]
Date: MAY 8, 2018
Email Address: ANDY.GOLDY@HENRY-SCHERN.COM
Phone Number: 800 845 3550

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**



BID SHEET
CITY OF AUSTIN
EMS MEDICAL SUPPLIES

SOLICITATION NO.: **IFB 9300 EAD0262**

BUYER: **Erin D'Vincent**

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

A bid of "0" (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of "no bid" or no response (space left blank) will be interpreted by the City that the Offeror does not wish to bid on that item. Be advised, a "no bid" or no response may be considered as non-responsive and may result in disqualification of the bid.

Prices offered on the bid sheet shall be all inclusive of fees not expressly allowed in Section 0500. The Offeror shall not charge separately for administrative, overhead, per diem, and shipping or transportation costs (travel time, fuel surcharges, mileage, stop-fee, etc.) to deliver services or items to the Austin, Texas area. The Offeror shall provide all tools, labor, travel, and equipment necessary to perform the services required under this contract.

Items listed as branded shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded. If bidding a substitute product, please indicate the proposed substitution in Column L.

The City intends to award multiple awards based on categories of specific line items, pricing, or any criteria or combination deemed most advantageous to the City. An Offeror shall bid on all sections of a category in order to be considered for award of that category.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$1.72	\$20,640.00	Not Branded	WestWard OR EQUAL	NDC 641602725	1185630	West-Ward Pharm Injectables	25/BX
1.2	Midazolam (Versed) 5mg/ml. 1m SDV. Class III	EACH	6,000	\$1.18	\$7,080.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01	1277867	Pfizer Injectables	10/BX
1.3	Ketamine. 5-mL multi-dose vial 100 mg/mL. CLASS III	EACH	1,200	\$8.09	\$9,708.00	Not Branded	WestWard OR EQUAL	0143-9509-10	1273381	West-Ward Pharm Injectables	10/BX

SUBTOTAL FOR CATEGORY 1 =

\$37,428.00

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104	\$9.96	\$10,995.84	Not Branded	ABBOTT LABS OR EQUAL	74-6637-34	1046895	Pfizer Injectables	10/BX
2.2	2% Lidocaine HCl Injection, USP 100mg/5ml, LifeShield, Luer lock adapter with 20g protected needle	EACH	996	\$2.90	\$2,888.40	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34	1046992	Pfizer Injectables	10/BX
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL. Vial	EACH	1,500	\$48.98	\$73,470.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1469-5 or NDC 76329-3369-1	1292378	Akorn,Inc.	1/VL
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe. Luer lock.	EACH	450	\$10.44	\$4,698.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01	1194012	Intl Medication Systems	10/BX
2.5	Amiodarone Hydrochloride Injection 150mg/3ml (50mg/ mL) SDV	EACH	1,160	\$1.55	\$1,798.00	Not Branded	PHARMACEUTICAL OR EQUAL	63323-0616-03	1293470	West-Ward Pharm Injectables	25/BX
2.6	Adenosine 12mg/4ml. SDV	EACH	1,176	\$12.00	\$14,112.00	Not Branded	PHARMACEUTICAL OR EQUAL	NDC 63323-651-04	1199133	Mylan Institutional	10/PK
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.	EACH	300	\$0.12	\$36.00	Not Branded	AUROBINDO OR EQUAL	65862-390-10	1211882	Aurobindo Pharma USA, INC	30/PK
2.8	0.9% Sodium Chloride Injection USP. 1000ml. IV bag.	EACH	20,000	\$2.12	\$42,400.00	Not Branded	B.BRAUN OR EQUAL	L8000	1002808	B. Braun Medical Inc.	1/BG

2.9	0.9% Sodium Chloride Injection, USP. 250ml I.V Bag	EACH	8,000	\$2.16	\$17,280.00	Not Branded	B.BRAUN OR EQUAL	L8002	5078002	B. Braun Medical Inc.	1/EA
2.10	Sterile Water 500ml. Plastic Bottle Container	EACH	3,000	\$1.44	\$4,320.00	Not Branded	B.BRAUN OR EQUAL	R5001-01	5075001	B. Braun Medical Inc.	1/BT
2.11	Dextrose 10% in sterile water USP 250ml. IV Bag	EACH	3,000	\$2.08	\$6,240.00	Not Branded	B.BRAUN OR EQUAL	(L5202) NDC 00264-7520-20	5073334	B. Braun Medical Inc.	1/EA
2.12	Hurricane® Spray. 2oz	EACH	144	\$27.73	\$3,993.12	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02	9168537	Beutlich LP Pharmaceuticals	1/CN
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300	\$34.10	\$10,230.00	Not Branded	PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30	1910001	Sandoz (Savage Labs)	1/TB
2.14	Haloperidol (HALDOL) 5mg / mL. 1mL. Vial	EACH	696	\$1.06	\$737.76	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01	1219860	Mylan Institutional	25/BX
2.15	GlucaGen Kit: 1 vial containing 1 mg (1 unit) GlucaGen (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700	\$200.51	\$140,357.00	Not Branded	FRESENIUS OR EQUAL	63323-0593-03	1249546	Fresenius Kabi, LLC.	1/EA
2.16	Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL. Abboject® Prefilled Syringe	EACH	18000	\$5.09	\$91,620.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34	1046844	Pfizer Injectables	10/BX
2.17	0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000	\$0.35	\$17,500.00	Not Branded	KENDALL TCO HEALTHCARE OR EQUAL MIST	8881570121	7000698	AMUSA	100/BX
2.18	NITROMIST Pumpspray	EACH	300	\$157.30	\$47,190.00	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08	1271937	Mist Pharmaceuticals, LLC	1/BT
2.19	Glutose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000	\$3.48	\$6,960.00	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30	6025401	Perrigo Pharmaceuticals	3/PK
2.20	Levophed. 1mg/ml. 4ml ampoule.	EACH	1,500	\$9.60	\$14,400.00	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25	1185562	Claris Lifesciences Inc	10/BX
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200	\$39.00	\$46,800.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-6006-01	2480475	West-Ward Pharm Injectables	10/BX
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000	\$0.25	\$2,500.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05	1259100	Apotex Corp	25/BX

SUBTOTAL FOR CATEGORY 2 =			\$560,526.12								
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CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	\$1.55	\$15,500.00	BRANDED	3M	2082	6799575		36/CA
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	\$0.78	\$31,200.00	BRANDED	3M	1870	7100019		20/BX
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	\$0.95	\$2,375.00	BRANDED	3M	1626	1203612		50/BX
3.4	Electrodes, Blue Sensor SP.	EACH	16,000	\$0.23	\$3,680.00	BRANDED	AMBU	SP-00-S/50	9356155		50/PK
3.5	C-Collar. Adult	EACH	7,000	\$4.91	\$34,370.00	BRANDED	AMBU	281-000	9851122		1/EA
3.6	10 Drop Intervenous Set.	EACH	22,500	\$1.05	\$23,625.00	BRANDED	AMSINO	MRA10E-95	7000469		1/EA
3.7	60 Drop Intervenous Set. Custom	EACH	5,000	\$1.05	\$5,250.00	BRANDED	AMSINO	MRSA60E-88	4998463		1/EA
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000	\$1.51	\$37,750.00	BRANDED	B.BRAUN	480206	7003003		50/CA
3.9	Glucometer Check Strip	EACH	2,500	\$0.29	\$725.00	BRANDED	BAYER HEALTHCARE	7099C	1479303		50/BX
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	\$0.39	\$2,730.00	BRANDED	BECTON DICKINSON	303390	2410881		100/BX
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	\$0.29	\$4,060.00	BRANDED	BECTON DICKINSON	303346	9181868		100/BX
3.12	sharps container 3 gal	EACH	500	\$8.58	\$4,290.00	Not Branded	BECTON DICKINSON OR EQUAL	305436	9872474	Becton-Dickinson	1/EA

3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720	\$2.50	\$1,800.00	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	1169264	Bemis Healthcare, Inc	1/EA
3.14	Disposable Pillow 15 ounce fill. 17 inches X 24 inches. White.	EACH	2,000	\$1.89	\$3,780.00	Not Branded	CARELINE OR EQUAL	089-0715	8300110	The Pillow Factory	12/CA
3.15	Tourniquet® (C-A-T®)	EACH	500	\$20.46	\$10,230.00	BRANDED	COMPOSITE RESOURCE	30-0001	4997818		1/EA
3.16	Veni-Gard IV Dressing	EACH	33,300	\$0.36	\$11,988.00	BRANDED	CON-MED	705-4431	3552411		100/BX
3.17	Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000	\$8.81	\$396,450.00	BRANDED	COVIDIAN (ORIDION)	010209	3737676		1/EA
3.18	Sharps Dart, Sharps container with one time lockable seal, 6.5 in 1½" diameter x 6½" Inside Length	EACH	15,000	\$1.49	\$22,350.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	7001260	Medsource International	1/EA
3.19	Tourniquet. 1 inch x 18 inch. Light Blue	EACH	36,000	\$0.08	\$2,880.00	Not Branded	DAWNMIST OR EQUAL	4371	9330168	Dukal Corporation	100/BX
3.20	Limb Holder 2 each per PAIR	EACH	3,000	\$7.14	\$21,420.00	BRANDED	DEROYAL	M2052	7001426		50/CA
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious, with Loop-Loc™ ends.	EACH	5,000	\$5.64	\$28,200.00	BRANDED	DICK MEDICAL	37172 (OR)	4994317		1/EA
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500	\$0.69	\$3,795.00	Not Branded	DYNAREX OR EQUAL	3161	1131735	Dynarex Corporation	100/CA
3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000	\$0.39	\$3,900.00	Not Branded	DYNAREX OR EQUAL	4512	2670027	Dynarex Corporation	1/EA
3.24	O.T.D. (OPTIMUM TRACTION DEVICE). Orange	EACH	48	\$63.46	\$3,046.08	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800	4999300	Emergency Products & Research	1/EA
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	\$532.13	\$21,285.20	BRANDED	ENGEL	MD14F	4996923		1/EA
3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175	\$14.07	\$2,462.25	BRANDED	ETHOX INTERNATIONAL INC	4010	1229815		5/BX
3.27	Model 65 Scoop™ Stretcher	EACH	12	\$328.79	\$3,945.48	BRANDED	FERNO	PT6500	1018187		1/EA
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	\$1.26	\$50,400.00	BRANDED	GKR INDUSTRIES	7000 HP	9853433		240/CA
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$1.75	\$210,000.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	7001859	Graham Medical	30/CA
3.30	MegaMover® 1500	EACH	5,000	\$17.13	\$85,650.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	7001821	Graham Medical	1/EA
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000	\$0.42	\$17,640.00	BRANDED	HUDSON RCI	1103	1202054		1/EA
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$1.39	\$11,537.00	Not Branded	HUDSON RCI OR EQUAL	1060	1204128		1/EA
3.33	Micro Mist® Nebulizer	EACH	2,800	\$0.84	\$2,352.00	BRANDED	HUDSON RCI	1883	1202309		1/EA
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.35	\$2,800.00	Not Branded	HUDSON RCI OR EQUAL	1115	1205241	Teleflex Medical	1/EA
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$0.51	\$1,530.00	Not Branded	HUDSON RCI OR EQUAL	1083	6680842	Teleflex Medical	50/CA
3.36	Nitrile Glove. X-Large	EACH	7,000	\$0.07	\$490.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4350	2610326	Innovative Health Care	100/BX
3.37	Nitrile Glove. Large	EACH	10,000	\$0.07	\$700.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4300	8320003	Innovative Health Care	100/BX
3.38	Nitrile Glove. Medium	EACH	6,000	\$0.07	\$420.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4200	8320002	Innovative Health Care	100/BX
3.39	Nitrile Glove. Small	EACH	3,000	\$0.07	\$210.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4100	8320001	Innovative Health Care	100/BX
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500	\$0.00	\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8705000	No Bid		
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500	\$0.00	\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8704030	No Bid		
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200	\$0.00	\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8703030	No Bid		

3.43	Backboard Lime Green	EACH	30	\$128.82	\$3,864.60	BRANDED	IRON DUCK	35900	4997204		1/EA
3.44	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.	EACH	236,000	\$0.03	\$7,080.00	Not Branded	KENDALL TICO HEALTHCARE OR EQUAL	9024	8901929	Covidien	200/PK
3.45	Fluid Shield Procedure Mask	EACH	9,000	\$1.05	\$9,450.00	Not Branded	KIMBERLY CLARK OR EQUAL	47137	1532528	Halyard Health(Kimberly Clark)	25/BX
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500	\$3.69	\$27,675.00	BRANDED	LAERDAL	700-00001	2037034		1/EA
3.47	Thomas Select Tube Holder, Adult	EACH	1,200	\$3.74	\$4,488.00	BRANDED	LAERDAL	600-42500	7002160		1/EA
3.48	Laerdal Suction Unit	EACH	100	\$711.43	\$71,143.00	BRANDED	LAERDAL	78002001	8272329		1/EA
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000	\$0.44	\$8,800.00	BRANDED	MEDLINE	NON 24335	4990471		50/CA
3.50	VIONEX® Antiseptic Towelette.. Individually packaged	EACH	50,000	\$0.17	\$8,500.00	BRANDED	METREX	10-1510	1765471		50/BX
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	\$7.71	\$9,252.00	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056	4997721		1/EA
3.52	Adlt/Ped filterline set (Airway Adapter Set)	EACH	2,500	\$8.89	\$22,225.00	BRANDED	ORIDION	XS04620	3620021		25/BX
3.53	Altas Cervical Collar. SIZE: Infant Short	EACH	500	\$6.74	\$3,370.00	BRANDED	OSSUR PHILADELPHIA ATLAS	PHP-A110	1097572		1/EA
3.54	SMART-BAG MO Size:Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	\$14.38	\$28,760.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs	4996642		1/EA
3.55	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	\$15.25	\$22,875.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs	4996649		1/EA
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	\$32.65	\$293,850.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS	7000209		1/EA
3.57	Unistik® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.15	\$6,300.00	BRANDED	OWEN MUMFORD	AT 0712	1593956		100/BX
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	\$0.14	\$280.00	BRANDED	PDI	B10800	6020035		100/BX
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900	\$0.09	\$81.00	BRANDED	PDI	Q86984	2670005		65/CN
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4	\$614.90	\$2,459.60	BRANDED	QUANTUM EMS	Q-BABY/ADD	7002911		1/EA
3.61	Sam Splints™ Flatfold	EACH	1,400	\$6.33	\$8,862.00	BRANDED	SAM MEDICAL	SP1121F	1148902		60/CA
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	\$53.90	\$6,468.00	BRANDED	SAM MEDICAL	SL556652-LG	1179459		24/CA
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	\$53.90	\$6,468.00	BRANDED	SAM MEDICAL	SL556652-SM	4998845		1/EA
3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	\$1.45	\$29,000.00	BRANDED	SMITHS MEDICAL	3066	5550218		1/EA
3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000	\$1.45	\$29,000.00	BRANDED	SMITHS MEDICAL	3065	5552710		1/EA
3.66	I.V. Catheter Size: 16G x 1 1/4" Grey	EACH	2,200	\$1.45	\$3,190.00	BRANDED	SMITHS MEDICAL	3062	5550866		50/BX
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200	\$1.45	\$3,190.00	BRANDED	SMITHS MEDICAL	3060	1196601		200/CA
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000	\$1.65	\$4,950.00	BRANDED	SSCOR INC	44241	7002487		1/EA
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$7.48	\$59,840.00	Not Branded	TATELOR HEALTHCARE OR EQUAL	60-NFB6090	4996907	AllCare-Formally Harvestfield	10/CA
3.70	Mucosal Atomization Device	EACH	3,000	\$5.24	\$15,720.00	BRANDED	TELEFEX MEDICAL	MAD300	4209994		1/EA
3.71	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.	EACH	2,000	\$5.35	\$10,700.00	Not Branded	TIDI OR EQUAL	980043	8954242	Tidi Products LLC	1/EA
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$6.06	\$2,472.48	Not Branded	VERIDIAN OR EQUAL	02-1081	4992488	Medsource International	1/EA
SUBTOTAL FOR CATEGORY 3 =				\$1,797,129.69							

CATEGORY 4 - CONVENIENCE KITS											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	\$0.57	\$3,990.00	Not Branded	Vendor Assembled	N/A	1125617	Henry Schein Inc	1/EA
SUBTOTAL FOR CATEGORY 4 =				\$3,990.00							
CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only)											
The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be fixed throughout the term of the Contract including any subsequent extension periods.											
This information will not be used in the evaluation of the bid but is for informational purposes only and there is no guarantee of purchase. Information should be included on Attachment A.											
CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only) See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information											
DESCRIPTION		MAXIMUM RESTOCKING FEE PERCENTAGE			35% unexpired/original packaging/purchased from HS in same calendar year						
Restocking Fees		*35%									
DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED											
DELIVERY METHOD: <input checked="" type="checkbox"/> COMMON CARRIER (FedEx,UPS) <input type="checkbox"/> VENDOR DELIVERY											
COMPANY NAME:		HENRY SCHEIN INC									
EMAIL ADDRESS:		ANDY.GOLDY@HENRYSCHEIN.COM									

MEDICAL SUPPLIES
IFB 9300 EAD0262
ATTACHMENT A

VENDOR SHALL LIST THE PERCENT DISCOUNT FROM CATALOG LIST PRICE THAT WILL BE OFFERED TO THE CITY FOR EACH APPLICABLE MANUFACTURER. IF VENDOR IS NOT ABLE TO PROVIDE A PARTICULAR MANUFACTURER, THE PERCENT DISCOUNT BOX SHALL BE LEFT BLANK.

LINE #	OTHER MANUFACTURERS	Discount from Manufacturer's Catalog List Price
1	ABBOTT LABS:	18 %
2	ADENNA	18 %
3	ADI MEDICAL	18 %
4	ADVANCED CIRCULATORY SYSTEM	 %
5	AES INC	 %
6	ALPHA PROTECH	18 %
7	AKORN:	18 %
8	AKRIMAX PHARMACEUTICALS:	18 %
9	AMERICAN DIAGNOSTICS CORPORATION:	18 %
10	AMPHASTAR-IMS:	18 %
11	AMSINO	18 %
12	AMVEX	 %
13	APP PHARMACEUTICALS	18 %
14	ARMSTRONG MEDICAL:	 %
15	BAYER HEALTHCARE:	18 %
16	BAUSCH AND LOMB	18 %
17	BEDFORD LABORATORIES:	18 %
18	BEMIS HEALTHCARE:	18 %
19	BPI LABS	18 %
20	CARELINE	18 %
21	COMPOSITE RESOURCE:	 %
22	CON-MED:	18 %
23	COVIDIEN	18 %
24	CURAPLEX	 %

25	DAWNMIST:	18 %
26	DEROYAL	18 %
27	DEY LABORATORIES:	18 %
28	DICK MEDICAL	18 %
29	DUKAL	18 %
30	DUPONT	18 %
31	DURAPORE	18 %
32	ELITE CREATORS	18 %
33	EMERGENCY PRODUCTS AND RESEARCH:	18 %
34	ENGEL USA	18 %
35	ESTILL MEDICAL	18 %
36	ETHOX INTERNATIONAL INC:	18 %
37	FRESENIUS	18 %
38	FOUGERA PHARMACEUTICALS:	18 %
39	FUTURA	18 %
40	GKR INDUSTRIES:	18 %
41	GLENMARK	18 %
42	GRAHAM MEDICAL:	18 %
43	GREENFIELD MEDICAL:	18 %
44	HARTMANN:	18 %
45	HONEYWELL	18 %
46	ICE KOLD:	18 %
47	INNOVATIVE HEALTHCARE MEDICAL	18 %
48	ICU MEDICAL	18 %
49	INNOVATIVE HEALTHCARE	18 %
50	INTERSURGICAL INCORPORATED	18 %
51	IRON DUCK:	18 %
52	KENTRON HEALTHCARE	18 %
53	KINGFISHER MEDICAL	18 %

54	KINGFISHER MEDICAL	<u> </u> %
55	MASIMO:	<u>18</u> %
56	MERIDIAN MEDICAL TECHNOLOGIES:	<u>18</u> %
57	MEDPRIDE	<u> </u> %
58	MEDSOURCE	<u>18</u> %
59	MCNEIL CONSUMER HEALTHCARE	<u> </u> %
60	MICROBVM	<u> </u> %
61	MIRION TECHNOLOGIES:	<u> </u> %
62	METREX :	<u>18</u> %
63	MOCKMEDS	<u> </u> %
64	MOORE MEDICAL:	<u> </u> %
65	MORTAN	<u>18</u> %
66	MYDENT INTERNATIONAL	<u> </u> %
67	NATUS (NICOLET)	<u> </u> %
68	NORTH AMERICAN RESCUE:	<u>18</u> %
69	NUTRAMAX:	<u> </u> %
70	NOVAMED USA	<u> </u> %
71	O-Two Medical	<u>18</u> %
72	ORIDIAN:	<u>18</u> %
73	OSSUR PHILADELPHIA ATLAS:	<u>18</u> %
74	OWEN MUMFORD:	<u>18</u> %
75	PADDACK LABS:	<u>18</u> %
76	PAR STERILE PRODUCTS LLC	<u>18</u> %
77	PEDIA	<u> </u> %
78	PHARMACEUTICAL ASSOCIATES	<u> </u> %
79	PHILIPS ELECTRONICS NORTH AMERICAN	<u>18</u> %
80	POSEY:	<u>18</u> %
81	PULMODYNE:	<u> </u> %
82	PURRELL <i>PURELL</i>	<u>18</u> %

83	ROUSE PHARMACEUTICALS	_____ %
84	RUGBY LABORATORIES:	_____ %
85	QUANTUM EMS	18 %
86	SAFETEC OF AMERICA	18 %
87	SAFETY INTERNATIONAL	_____ %
88	SAGENT PHARMACEUTICALS:	18 %
89	SAM MEDICAL:	18 %
90	SEIKO	_____ %
91	SPERIAN	_____ %
92	SSCOR INC:	18 %
93	STRYKER MEDICAL	_____ %
94	TAYLOR HEALTHCARE	_____ %
95	THOMAS EMS	18 %
96	TIDI:	18 %
97	VIASYS HEALTHCARE	_____ %
98	VERIDIAN	_____ %
99	WELCH ALLYN	18 %
100	WEST-WARD PHARMACEUTICALS:	18 %
101	WOLFE TORY MEDICAL:	18 %
102	UCAPIT	_____ %
103	Z-MEDICA	18 %
104	ZOLL MEDICAL	_____ %
105	FOR ALL OTHER MANUFACTURERS NOT SPECIFIED	Henry Schein 18 %

Section 0605: Local Business Presence Identification

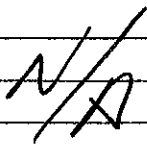
A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	None -	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference Sheet

Responding Company Name Henry Schein Inc.

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name Broward County Fire Reserve
 Name and Title of Contact Bethaney Scalf Logistics Mgr
 Project Name Multi Bids/Contracts
 Present Address 2308B SW 42ND ST.
 City, State, Zip Code Dania Beach, FL 33312
 Telephone Number 954 327 8716 Fax Number 954 791 2372
 Email Address BETHANEY-SCALF@SHERIFF.ORG
2. Company's Name Fayette County Fire/EMS
 Name and Title of Contact Steve Foltan - EMS Director
 Project Name Multi Bids/Contracts
 Present Address 140 Stonewall Ave. W. Suite 214
 City, State, Zip Code Fayetteville, GA 30214
 Telephone Number 770 305 5173 Fax Number 770 305 5190
 Email Address STEVEF@FAYETTECOUNTYGA.GOV
3. Company's Name Las Vegas Fire Rescue
 Name and Title of Contact Geri Leaf Senior Buyer/Contracts
 Project Name Multi Contracts
 Present Address 831 N. Mojave Rd
 City, State, Zip Code Las Vegas, NV 89101
 Telephone Number 702 229 1220 Fax Number 702 384 9964
 Email Address GLEAF@LASVEGASNEVADA.GOV

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 7th day of May, 2018

CONTRACTOR

Authorized Signature

Title

Henry Schenck
Andy Goldy
General Manager

Section 0835: Non-Resident Bidder Provisions

Company Name Henry Schenke

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: Non-Resident

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: No Which State: South Carolina

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: —

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	Henry Schen NC		
City Vendor ID Code			
Physical Address			
City, State Zip			
Phone Number		Email Address	
Is the Offeror City of Austin M/WBE certified?	<input type="checkbox"/> NO <input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Name and Title of Authorized Representative (Print or Type)

Signature/Date

Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

- ☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

- ☐ I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;

STEP TWO: Perform Good Faith Efforts (Check List provided below);

STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL** of the following CHECK BOXES **MUST** be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.

- ☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.
- ☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262 SOLICITATION TITLE: EMS Medical Supplies

- ☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

- ☐ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

- ☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact
		<input type="checkbox"/> Phone OR <input type="checkbox"/> Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:	
Having reviewed this plan, I acknowledge that the Offeror <input type="checkbox"/> HAS or <input type="checkbox"/> HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.	
Reviewing Counselor	Date
I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and <input type="checkbox"/> Concur <input type="checkbox"/> Do Not Concur with the Reviewing Counselor's recommendation.	
Director/Assistant Director or Designee	Date



**ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS**

Solicitation: IFB 9300 EAD0262

Addendum No: 1

Date of Addendum: May 4, 2018

This addendum is to incorporate the following changes to the above referenced solicitation:

- I. **Clarifications:** Strike the information on Section 0600 Bid Sheet that states: An Offeror shall bid on all sections of a category in order to be considered for award of that category.

The City does NOT require an Offeror to bid on all sections of any of the categories to be considered for award. However, the City reserves the right to award in whichever method is most advantageous to the City.

II. **Questions:**

(Q1) If there are terms and conditions a Vendor may not be able to agree to will the City consider exceptions to terms and conditions?

(A1) No

(Q2) Specifically, if there are insurance requirements that a Vendor may not be able to agree to will the City consider exceptions to insurance terms and conditions?

(A2) No

(Q3) Would a Vendor's use of self/captive insurance be deemed to satisfy the insurance requirements of the resulting contract?

(A3) Only if they meet all of the requirements outlined in Section 0400, Item 3, and approved by the City's Risk Manager.

(Q4) If the Vendor does not have a published list price, will the City as an alternative accept Vendor's Internal (non-published) Government List Price which is a price for commercial items. Offeror's Internal Government List Price reflects market and manufacturer price adjustments (increases or decreases) for items sold to both Government and Commercial Customers so the price being offered to the City will reflect changes in the marketplace?

(A4) Only if a copy can be provided to the City and meet all of the requirements listed in Section 0400, Item 11.

(Q5) Could you please provide an example or link to the INNOVATIVE HEALTHCARE OR EQUAL NEP4350, NEP4300, NEP4200 and NEP4100 gloves?

(A5) <https://ihcsolutions.com/product/182-nitriderm-ep-nitrile-exam-gloves-extended-cuff/>. The item numbers have changed to 182050 (XS), 182100 (S), 182200 (M), 182300 (L), 182350 (XL), 182400 (XXL). Please update bid submissions for items 3.36 through 3.39 in Section 0600 Bid Sheet to the new item numbers above.

(Q6) The section requiring a % off of list, Attachment A. Manufacturers do not have a MFG List price, what will you be using to determine this?

(A6) Please list the catalog discount percent your firm is offering off of the manufacturer's list price.

(Q7) Section 900 Subcontracting, since there are no subcontracting goals for this Solicitation, would we just skip 0905 and not answer any of the questions?

(A7) If your firm does not intend to subcontract, check the no box on Section 0900 Subcontracting/Sub-consulting Utilization Form and fill out the Offeror Information. If you do not intend to subcontract then Section 0905 Subcontracting/Sub-consulting Utilization Plan is not required to be filled out and returned.

(Q8) Section 0400 #10 Hazardous Materials, do you want all MSDS sheets submitted with the bid, or only if awarded those particular items that require this?

(A8) As requested by the City, the Contractor shall provide the MSDS online or will provide a hard copy for each order.

(Q9) Published Price Lists: If the manufacturer doesn't provide a price list for the discount, how do we respond to this?

(A9) List 0%.

(Q10) Economic Price Adjustments: Will the City accept documented price increase letters from the manufacturer if there is one, or will the City follow D Indexes and E Calculation for adjustments only?

(A10) Per Section 0400 Supplemental Purchasing Provisions, Item 13.F "If the requested adjustment is not supported by the referenced index, the City, at its sole discretion, may consider approving an adjustment on fully documented market increases."

(Q11) Regarding Section 0500 Specifications, Item 3.2, does the City required a letter from each manufacturer represented in Categories 1-4, to be submitted at the time the bid is submitted?

(A11) Yes. Or, a business memo listing all manufacturer or branded products the company is authorized to distribute signed by the business CEO, President, or equal position will suffice.

(Q12) Regarding Section 0500 Specifications 4.1-4.13, does the City need proof/acknowledgement of each point with bid submission?

(A12) Yes. Same answer as A11.

(Q13) Normally when a tourniquet is requested there is also a request for hemostatic gauze as well. Is this something that is being added to the bid?

(A13) The City is not requesting this as a line item on the bid sheet.

(Q14) Which inventory management system is the City of Austin currently using for their EMS supplies?

(A14) Maximo for inventory management.

(Q15) Who does the City currently use for reverse distribution?


(A15) The City is not currently using reverse distribution for medical supplies or pharmaceuticals.

(Q16) We are unable to find more information on the item numbers given for lines 3.36 through 3.39.

(A16) Please see A5 above.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

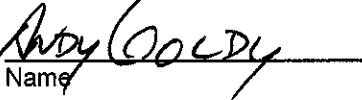
APPROVED BY:

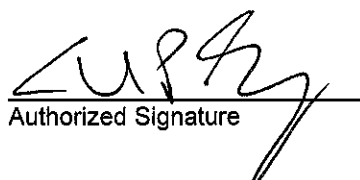

Erin D'Vincent, Procurement Specialist IV
Purchasing Office, 512-974-3070

5/4/18

Date

ACKNOWLEDGED BY:


Name


Authorized Signature

5/9/18
Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
Life-Assist, Inc. ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between Life-Assist, Inc. having offices at 11277 Sunrise Park Drive, Ranch Cordova, CA 95742 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference
- 1.1.3 Life-Assist, Inc's Offer, dated May 8, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68

Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58

Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70

QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,

Boundtree – Items 3.17, 3.29, 3.31, 3.63, 3.72

Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.47,

Southern Safety – Items 3.5, 3.33, 3.50, 3.57

Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

LIFE-ASSIST, INC.

CITY OF AUSTIN

Michael Murray

Printed Name of Authorized Person

Erin D'Vincent

Printed Name of Authorized Person


Signature


Signature

Pricing Analyst

Title:

Procurement Supervisor

Title:

4/5/2019

Date:

4-12-19

Date:

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: Life-Assist, Inc.

Company Address: 11277 Sunrise Park Drive

City, State, Zip: Rancho Cordova, CA 95742

Federal Tax ID No.

Printed Name of Officer or Authorized Representative: Michael Murray

Title: Pricing Analyst

Signature of Officer or Authorized Representative: 

Date: 5/8/2018

Email Address: Quotes@Life-Assist.com

Phone Number: (800) 824-6016

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**



**BID SHEET
CITY OF AUSTIN
EMS MEDICAL SUPPLIES**

SOLICITATION NO.: **IFB 9300 EAD0262**

BUYER: **Erin D'Vincent**

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

A bid of "0" (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of "no bid" or no response (space left blank) will be interpreted by the City that the Offeror does not wish to bid on that item. Be advised, a "no bid" or no response may be considered as non-responsive and may result in disqualification of the bid.

Prices offered on the bid sheet shall be all inclusive of fees not expressly allowed in Section 0500. The Offeror shall not charge separately for administrative, overhead, per diem, and shipping or transportation costs (travel time, fuel surcharges, mileage, stop-fee, etc.) to deliver services or items to the Austin, Texas area. The Offeror shall provide all tools, labor, travel, and equipment necessary to perform the services required under this contract.

Items listed as branded shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded. If bidding a substitute product, please indicate the proposed substitution in Column L.

The City intends to award multiple awards based on categories of specific line items, pricing, or any criteria or combination deemed most advantageous to the City. An Offeror shall bid on all sections of a category in order to be considered for award of that category.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$1.80	\$21,600.00	Not Branded	WestWard OR EQUAL	NDC 641602725	DR6027-25		Bid as each, sold as bx-25
1.2	Midazolam (Versed) 5mg/ml. 1m SDV. Class III	EACH	6,000	\$2.67	\$16,020.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01	SAS_DR2308-01		Bid as each, sold as bx-10
1.3	Ketamine. 5-mL multi-dose vial 100 mg/mL. CLASS III	EACH	1,200	\$23.50	\$28,200.00	Not Branded	WestWard OR EQUAL	0143-9509-10	DR0108-10	Mylan 67457-108-10	Bid as each, sold as bx-10
SUBTOTAL FOR CATEGORY 1 =				\$65,820.00							

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104	\$9.46	\$10,443.84	Not Branded	ABBOTT LABS OR EQUAL	74-6637-34	DR6637-34	Pfizer 0409-6637-34	Each
2.2	2% Lidocaine HCl Injection, USP 100mg/5ml, LifeShield, Luer lock adapter with 20g protected needle	EACH	996	\$3.15	\$3,137.40	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34	DR4903-34	Pfizer 0409-4903-34	Each
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL Vial	EACH	1,500	\$32.30	\$48,450.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1469-5 or NDC 76329-3369-1	DR3369-00		Each
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe. Luer lock.	EACH	450	\$9.92	\$4,464.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01	DR3304-00	IMS 76329-3304-1	Each
2.5	Amiodarone Hydrochloride Injection 150mg/3ml (50mg/ mL) SDV	EACH	1,160	\$1.87	\$2,169.20	Not Branded	PHARMACEUTICAL OR EQUAL	63323-0616-03	DR0616-03		Each
2.6	Adenosine 12mg/4ml SDV	EACH	1,176	\$25.55	\$30,046.80	Not Branded	PHARMACEUTICAL OR EQUAL	NDC 63323-651-04	DR0651-04		Each
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.	EACH	300	\$9.88	\$2,964.00	Not Branded	AUROBINDO OR EQUAL	65862-390-10	DR0390-10		Pk-30
2.8	0.9% Sodium Chloride Injection USP. 1000ml. IV bag.	EACH	20,000	\$2.30	\$46,000.00	Not Branded	B.BRAUN OR EQUAL	L8000	SL7800-09		Each
2.9	0.9% Sodium Chloride Injection, USP. 250ml I.V Bag	EACH	8,000	\$2.40	\$19,200.00	Not Branded	B.BRAUN OR EQUAL	L8002	SL8002		Each
2.10	Sterile Water 500ml. Plastic Bottle Container	EACH	3,000	\$2.35	\$7,050.00	Not Branded	B.BRAUN OR EQUAL	R5001-01	SL7113	Baxter 0338-0004-03	Each
2.11	Dextrose 10% in sterile water USP 250ml. IV Bag	EACH	3,000	\$2.16	\$6,480.00	Not Branded	B.BRAUN OR EQUAL	(L5202) NDC 00264-7520-20	BBRA_L5202		Bid as each, sold as cs-24
2.12	Hurricane® Spray. 2oz	EACH	144	\$32.48	\$4,677.12	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02	CHI_067902		Each
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300	\$34.51	\$10,353.00	Not Branded	PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30	DR0326-30		Each
2.14	Haloperidol (HALDOL) 5mg / mL. 1mL Vial	EACH	696	\$2.80	\$1,948.80	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01	DR0806-01	Sagent 25021-806-01	Each
2.15	Glucagon KIt: 1 vial containing 1 mg (1 unit) GlucaGen (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700	\$169.50	\$118,650.00	Not Branded	FRESENIUS OR EQUAL	63323-0593-03	DR0260-10	Boehringer 0597-0260-10	Each

2.16	Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL. Abboject® Prefilled Syringe	EACH	18000	\$4.70	\$84,600.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34	DR4921-34		Each
2.17	0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000	\$0.45	\$22,500.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	8881570121	MEDP_2T0806	Aquabilti 2T0806	Each
2.18	NITROMIST Pumpspray	EACH	300	\$155.00	\$46,500.00	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08	DR0410-08		Each
2.19	Glucose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000	\$3.70	\$7,400.00	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30	MD62		Each
2.20	Levophed. 1mg/ml. 4ml ampoule.	EACH	1,500	\$10.50	\$15,750.00	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25	DR0162-10	Claris Lifesciences 36000-162-10	Bid as each, sold as bx-10
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200	\$38.60	\$46,320.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-6006-01	DR6006-10		Each
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000	\$0.50	\$5,000.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05	DR4755-03	Pfizer 0409-4755-03	Each
SUBTOTAL FOR CATEGORY 2 =				\$544,104.16							
CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	\$1.60	\$16,000.00	BRANDED	3M	2082	3M_2082		Bid as each, sold as cs-36
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	\$0.90	\$36,000.00	BRANDED	3M	1870	IC1870PLUS		Bid as each, sold as bx-20
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	\$1.17	\$2,925.00	BRANDED	3M	1626	3M_1626		Bid as each, sold as cs-200
3.4	Electrodes, Blue Sensor SP.	EACH	16,000	\$0.18	\$2,920.00	BRANDED	AMBU	SP-00-S/50	EL9050SP		Bid as each, sold as pk-50
3.5	C-Collar. Adult	EACH	7,000	\$3.30	\$23,100.00	BRANDED	AMBU	281-000	CXACE		Each
3.6	10 Drop Interavenous Set.	EACH	22,500	\$2.80	\$63,000.00	BRANDED	AMSINO	MRA10E-95	IV1095		Bid as each, sold as cs-50
3.7	60 Drop Interavenous Set. Custom	EACH	5,000	\$5.30	\$26,500.00	BRANDED	AMSINO	MRSA60E-88	IV6088		Bid as each, sold as cs-50
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000	\$1.55	\$38,750.00	BRANDED	B.BRAUN	480206	BBRA_480206		Each
3.9	Glucometer Check Strip	EACH	2,500	\$0.70	\$1,750.00	BRANDED	BAYER HEALTHCARE	7099C	7099C		Bid as each, sold as bx-50
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	\$0.46	\$3,220.00	BRANDED	BECTON DICKINSON	303390	IV3390		Each
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	\$0.31	\$4,340.00	BRANDED	BECTON DICKINSON	303346	BD2_303346		Bid as each, sold as cs-800
3.12	sharps container 3 gal	EACH	500	\$9.30	\$4,650.00	Not Branded	BECTON DICKINSON OR EQUAL	305436	BD2_305436		Bid as each, sold as cs-10
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720	\$2.75	\$1,980.00	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	OK1200		Each
3.14	Disposable Pillow 15 ounce fill.17 inches X 24 inches. White.	EACH	2,000	\$2.80	\$5,600.00	Not Branded	CARELINE OR EQUAL	089-0715	BS235	51107-652	Each
3.15	Tourniquet® (C-A-T®)	EACH	500	\$22.00	\$11,000.00	BRANDED	COMPOSITE RESOURCE	30-0001	TQ0001-BLK		Each
3.16	Veni-Gard IV Dressing	EACH	33,300	\$0.36	\$11,988.00	BRANDED	CON-MED	705-4431	IT4431		Bid as each, sold as bx-100
3.17	Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000	\$8.04	\$361,800.00	BRANDED	COVIDIAN (ORIDION)	010209	PO69818		Each
3.18	Sharps Dart, Sharps container with one time lockab le seal, 6.5 in 1½" diameter x 6½" Inside Length	EACH	15,000	\$1.42	\$21,300.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	ISDART		Each
3.19	Tourniquet. 1 inch x 18 inch. Light Blue	EACH	36,000	\$0.17	\$6,120.00	Not Branded	DAWNMIST OR EQUAL	4371	TQ1800	Kent Elastomer NLTB-1-18BX	Bid as each, sold as bx-100
3.20	Limb Holder 2 each per PAIR	EACH	3,000	\$9.25	\$27,750.00	BRANDED	DEROYAL	M2052	M2052		Pair-2
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious. with Loop-Loc™ ends.	EACH	5,000	\$5.10	\$25,500.00	BRANDED	DICK MEDICAL	37172 (OR)	DICK_37172-OR		Each
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500	\$0.27	\$1,485.00	Not Branded	DYNAREX OR EQUAL	3161	BJ704	Dukal 704	Each
3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000	\$0.44	\$4,400.00	Not Branded	DYNAREX OR EQUAL	4512	DI4512		Each
3.24	O.T.D. (OPTIMUM TRACTION DEVICE). Orange	EACH	48	\$59.00	\$2,832.00	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800	SP901A		Each
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	\$520.00	\$20,800.00	BRANDED	ENGEL	MD14F	ENGE_MD14F		Each
3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175	\$14.29	\$2,500.75	BRANDED	ETHOX INTERNATIONAL INC	4010	IP4010		Each

3.27	Model 65 Scoop™ Stretcher	EACH	12	\$425.00	\$5,100.00	BRANDED	FERNO	PT6500	SW065MB		Each
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	\$1.25	\$50,000.00	BRANDED	GKR INDUSTRIES	7000 HP	GKR_7000HP		Bid as each, sold as cs-240
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$1.36	\$163,200.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	TAYL_92-EFORCE	Taylor Healthcare EFORCE-92	Bid as each, sold as cs-50
3.30	MegaMover® 1500	EACH	5,000	\$14.75	\$73,750.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	BS4381-WHT	Taylor Healthcare TITANPC-43	Each
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000	\$0.34	\$14,280.00	BRANDED	HUDSON RCI	1103	OM1103		Each
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$0.97	\$8,051.00	Not Branded	HUDSON RCI OR EQUAL	1060	OM1060		Each
3.33	Micro Mist® Nebulizer	EACH	2,800	\$0.72	\$2,016.00	BRANDED	HUDSON RCI	1883	OM1883		Each
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.34	\$2,720.00	Not Branded	HUDSON RCI OR EQUAL	1115	HUDS_1115		Bid as each, sold as cs-50
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$0.39	\$1,170.00	Not Branded	HUDSON RCI OR EQUAL	1083	OM1083		Each
3.36	Nitrile Glove. X-Large	EACH	7,000	\$0.09	\$612.50	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182350	GL182XL		Bid as each, sold as bx-100
3.37	Nitrile Glove. Large	EACH	10,000	\$0.09	\$875.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182300	GL182L		Bid as each, sold as bx-100
3.38	Nitrile Glove. Medium	EACH	6,000	\$0.09	\$525.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182200	GL182M		Bid as each, sold as bx-100
3.39	Nitrile Glove. Small	EACH	3,000	\$0.09	\$262.50	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182100	GL182S		Bid as each, sold as bx-100
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500	\$20.98	\$31,470.00	BRANDED	INTERSURGICAL INCORPORATED	8705000	AC8705		Each
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500	\$20.98	\$52,450.00	BRANDED	INTERSURGICAL INCORPORATED	8704030	AC8704		Each
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200	\$20.98	\$25,176.00	BRANDED	INTERSURGICAL INCORPORATED	8703030	AC8703		Each
3.43	Backboard Lime Green	EACH	30	\$120.00	\$3,600.00	BRANDED	IRON DUCK	35900	FLEM_35900LG		Each
3.44	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.	EACH	236,000	\$0.09	\$21,240.00	Not Branded	KENDALL TFCO HEALTHCARE OR EQUAL	9024	KEND_3967TR	Kendall 3967	Bid as each, sold as bx-50
3.45	Fluid Shield Procedure Mask	EACH	9,000	\$1.15	\$10,350.00	Not Branded	KIMBERLY CLARK OR EQUAL	47137	IC90		Each
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500	\$3.75	\$28,125.00	BRANDED	LAERDAL	700-00001	SY975		Each
3.47	Thomas Select Tube Holder, Adult	EACH	1,200	\$3.60	\$4,320.00	BRANDED	LAERDAL	600-42500	AC42500		Each
3.48	Laerdal Suction Unit	EACH	100	\$656.00	\$65,600.00	BRANDED	LAERDAL	78002001	OK7800		Each
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000	\$0.72	\$14,400.00	BRANDED	MEDLINE	NON 24335	BS24335		Bid as each, sold as cs-50
3.50	VIONEX® Antiseptic Towelette.. Individually packaged	EACH	50,000	\$0.16	\$8,000.00	BRANDED	METREX	10-1510	AL251		Bid as each, sold as bx-50
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	\$8.15	\$9,780.00	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056	AT0056		Each
3.52	Adlt/Ped filterline set (Airway Adapter Set)	EACH	2,500	\$9.09	\$22,725.00	BRANDED	ORIDION	XS04620	PO64620		Each
3.53	Altas Cervical Collar. SIZE: Infant Short	EACH	500	\$15.00	\$7,500.00	BRANDED	OSSUR PHILADELPHIA ATLAS	PHP-A110	PHP-A110		Each
3.54	SMART-BAG MO Size:Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	\$15.10	\$30,200.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs	OM3201		Each
3.55	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	\$16.35	\$24,525.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs	OM3211C		Each
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	\$33.50	\$301,500.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS	OTWO_01CV0218		Each
3.57	Unistik® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.17	\$7,056.00	BRANDED	OWEN MUMFORD	AT 0712	OMUM_AT0712		Bid as each, sold as bx-100
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	\$0.14	\$270.00	BRANDED	PDI	B10800	AL10800		Bid as each, sold as bx-100
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900	\$7.07	\$6,363.00	BRANDED	PDI	Q86984	AL86984		Tb-65
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4	\$660.00	\$2,640.00	BRANDED	QUANTUM EMS	Q-BABY/ADD	QEMS_Q-BABY/ADD		Each
3.61	Sam Splints™ Flatfold	EACH	1,400	\$6.95	\$9,730.00	BRANDED	SAM MEDICAL	SP1121F	SS9200-ORG		Each
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	\$54.00	\$6,480.00	BRANDED	SAM MEDICAL	SL556652-LG	SP556L		Each
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	\$54.00	\$6,480.00	BRANDED	SAM MEDICAL	SL556652-SM	SP556S		Each
3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	\$1.48	\$29,600.00	BRANDED	SMITHS MEDICAL	3066	IT3066		Each

3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000	\$1.48	\$29,600.00	BRANDED	SMITHS MEDICAL	3065	IT3065		Each
3.66	I.V. Catheter Size: 16G x 1 1/4" Grey	EACH	2,200	\$1.48	\$3,256.00	BRANDED	SMITHS MEDICAL	3062	IT3062		Each
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200	\$1.48	\$3,256.00	BRANDED	SMITHS MEDICAL	3060	IT3060		Each
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000	\$1.92	\$5,760.00	BRANDED	SSCOR INC	44241	OH4024		Each
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$9.70	\$77,600.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090	BS6090-BLU		Each
3.70	Mucosal Atomization Device	EACH	3,000	\$5.96	\$17,880.00	BRANDED	TELEFEX MEDICAL	MAD300	IT103		Each
3.71	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.	EACH	2,000	\$1.60	\$3,200.00	Not Branded	TIDI OR EQUAL	980043	BS6	Graham 77700	Each
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$9.89	\$4,035.12	Not Branded	VERIDIAN OR EQUAL	02-1081	ADC_845-11AN-1	American Diagnostic Corp. 845-11AN-1	Each
SUBTOTAL FOR CATEGORY 3 =				\$1,924,939.87							
CATEGORY 4 - CONVENIENCE KITS											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	\$3.98	\$27,860.00	Not Branded	Vendor Assembled	N/A	OM1644		Bid as each, sold as cs-50
SUBTOTAL FOR CATEGORY 4 =				\$27,860.00							
CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only)											
The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be fixed throughout the term of the Contract including any subsequent extension periods.											
This information will not be used in the evaluation of the bid but is for informational purposes only and there is no guarantee of purchase. Information should be included on Attachment A.											
CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only) See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information											
DESCRIPTION		MAXIMUM RESTOCKING FEE PERCENTAGE									
Restocking Fees		Please see attached return policy									
DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED											
DELIVERY METHOD: <input checked="" type="checkbox"/> COMMON CARRIER (FedEx,UPS) <input type="checkbox"/> VENDOR DELIVERY											
COMPANY NAME:		Life-Assist, Inc.									
EMAIL ADDRESS:		Quotes@Life-Assist.com									

**MEDICAL SUPPLIES
IFB 9300 EAD0262
ATTACHMENT A**

VENDOR SHALL LIST THE PERCENT DISCOUNT FROM CATALOG LIST PRICE THAT WILL BE OFFERED TO THE CITY FOR EACH APPLICABLE MANUFACTURER. IF VENDOR IS NOT ABLE TO PROVIDE A PARTICULAR MANUFACTURER, THE PERCENT DISCOUNT BOX SHALL BE LEFT BLANK.

LINE #	OTHER MANUFACTURERS	Discount from Manufacturer's Catalog List Price
1	ABBOTT LABS:	25 %
2	ADENNA	25 %
3	ADI MEDICAL	25 %
4	ADVANCED CIRCULATORY SYSTEM	25 %
5	AES INC	25 %
6	ALPHA PROTECH	25 %
7	AKORN:	25 %
8	AKRIMAX PHARMACEUTICALS:	25 %
9	AMERICAN DIAGNOSTICS CORPORATION:	25 %
10	AMPHASTAR-IMS:	25 %
11	AMSINO	25 %
12	AMVEX	25 %
13	APP PHARMACEUTICALS	25 %
14	ARMSTRONG MEDICAL:	25 %
15	BAYER HEALTHCARE:	25 %
16	BAUSCH AND LOMB	25 %
17	BEDFORD LABORATORIES:	25 %
18	BEMIS HEALTHCARE:	25 %
19	BPI LABS	25 %
20	CARELINE	25 %
21	COMPOSITE RESOURCE:	25 %
22	CON-MED:	25 %
23	COVIDIEN	25 %
24	CURAPLEX	%

25	DAWNMIST:	25 %
26	DEROYAL	25 %
27	DEY LABORATORIES:	25 %
28	DICK MEDICAL	25 %
29	DUKAL	25 %
30	DUPONT	25 %
31	DURAPORE	25 %
32	ELITE CREATORS	25 %
33	EMERGENCY PRODUCTS AND RESEARCH:	25 %
34	ENGEL USA	5 %
35	ESTILL MEDICAL	25 %
36	ETHOX INTERNATIONAL INC:	25 %
37	FRESENIUS	25 %
38	FOUGERA PHARMACEUTICALS:	25 %
39	FUTURA	25 %
40	GKR INDUSTRIES:	25 %
41	GLENMARK	25 %
42	GRAHAM MEDICAL:	25 %
43	GREENFIELD MEDICAL:	25 %
44	HARTMANN:	25 %
45	HONEYWELL	25 %
46	ICE KOLD:	25 %
47	INNOVATIVE HEALTHCARE MEDICAL	25 %
48	ICU MEDICAL	25 %
49	INNOVATIVE HEALTHCARE	25 %
50	INTERSURGICAL INCORPORATED	25 %
51	IRON DUCK:	25 %
52	KENTRON HEALTHCARE	25 %
53	KINGFISHER MEDICAL	%

54	KINGFISHER MEDICAL	%
55	MASIMO:	25 %
56	MERIDIAN MEDICAL TECHNOLOGIES:	25 %
57	MEDPRIDE	25 %
58	MEDSOURCE	25 %
59	MCNEIL CONSUMER HEALTHCARE	25 %
60	MICROBVM	25 %
61	MIRION TECHNOLOGIES:	25 %
62	METREX :	25 %
63	MOCKMEDS	25 %
64	MOORE MEDICAL:	%
65	MORTAN	25 %
66	MYDENT INTERNATIONAL	25 %
67	NATUS (NICOLET)	25 %
68	NORTH AMERICAN RESCUE:	25 %
69	NUTRAMAX:	25 %
70	NOVAMED USA	25 %
71	O-Two Medical	25 %
72	ORIDIAN:	25 %
73	OSSUR PHILADELPHIA ATLAS:	25 %
74	OWEN MUMFORD:	25 %
75	PADDACK LABS:	25 %
76	PAR STERILE PRODUCTS LLC	25 %
77	PEDIA	25 %
78	PHARMACEUTICAL ASSOCIATES	25 %
79	PHILIPS ELECTRONICS NORTH AMERICAN	25 %
80	POSEY:	25 %
81	PULMODYNE:	25 %
82	PURRELL	25 %

83	ROUSE PHARMACEUTICALS	25 %
84	RUGBY LABORATORIES:	25 %
85	QUANTUM EMS	25 %
86	SAFETEC OF AMERICA	25 %
87	SAFETY INTERNATIONAL	%
88	SAGENT PHARMACEUTICALS:	25 %
89	SAM MEDICAL:	25 %
90	SEIKO	25 %
91	SPERIAN	25 %
92	SSCOR INC:	25 %
93	STRYKER MEDICAL	%
94	TAYLOR HEALTHCARE	25 %
95	THOMAS EMS	25 %
96	TIDI:	25 %
97	VIASYS HEALTHCARE	25 %
98	VERIDIAN	25 %
99	WELCH ALLYN	25 %
100	WEST-WARD PHARMACEUTICALS:	25 %
101	WOLFE TORY MEDICAL:	25 %
102	UCAPIT	%
103	Z-MEDICA	25 %
104	ZOLL MEDICAL	25 %
105	FOR ALL OTHER MANUFACTURERS NOT SPECIFIED	25 %

All discounts are based on Life-Assist published catalog and website list prices.

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBEWBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm	N/A	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	N/A	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	N/A	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference Sheet

Responding Company Name Life-Assist, Inc.

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name City of Irving Fire Department
Name and Title of Contact EMS Supplies
Project Name Distribute EMS Supplies
Present Address 845 W. Irving Blvd.
City, State, Zip Code Irving, TX 75060
Telephone Number (972) 721-4653 Fax Number (____)_____
Email Address sdeutsch@cityofirving.org
2. Company's Name City of Georgetown
Name and Title of Contact EMS Supplies
Project Name Distribute EMS Supplies
Present Address 301 Industrial Ave.
City, State, Zip Code Georgetown, TX 78626
Telephone Number (512) 930-3698 Fax Number (____)_____
Email Address garey.jackson@georgetown.org
3. Company's Name Sacramento Metro Fire
Name and Title of Contact EMS Supplies
Project Name Distribute EMS Supplies
Present Address 3012 Gold Canal
City, State, Zip Code Rancho Cordova, CA 95670
Telephone Number (916) 859-4374 Fax Number (____)_____
Email Address jones.mark@smfd.ca.gov

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, **OR** THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

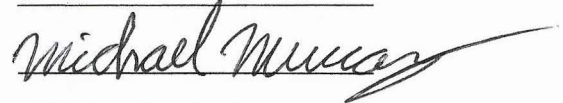
Dated this 7th day of May, 2018

CONTRACTOR

Authorized Signature

Title

Life-Assist, Inc.



Pricing Analyst

Section 0835: Non-Resident Bidder Provisions

Company Name Life-Assist, Inc.

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: Non-resident Bidder

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: No Which State: California

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: _____

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	Life-Assist, Inc.		
City Vendor ID Code	LIF		
Physical Address	11277 Sunrise Park Drive		
City, State Zip	Rancho Cordova, CA 95742		
Phone Number	(800) 824-6016	Email Address	Quotes@Life-Assist.com
Is the Offeror City of Austin M/WBE certified?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Michael Murray, Pricing Analyst

Michael Murray 5/7/18

Name and Title of Authorized Representative (Print or Type)

Signature/Date



**ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS**

Solicitation: IFB 9300 EAD0262

Addendum No: 1

Date of Addendum: May 4, 2018

This addendum is to incorporate the following changes to the above referenced solicitation:

- I. Clarifications:** Strike the information on Section 0600 Bid Sheet that states: An Offeror shall bid on all sections of a category in order to be considered for award of that category.

The City does NOT require an Offeror to bid on all sections of any of the categories to be considered for award. However, the City reserves the right to award in whichever method is most advantageous to the City.

II. Questions:

(Q1) If there are terms and conditions a Vendor may not be able to agree to will the City consider exceptions to terms and conditions?

(A1) No

(Q2) Specifically, if there are insurance requirements that a Vendor may not be able to agree to will the City consider exceptions to insurance terms and conditions?

(A2) No

(Q3) Would a Vendor's use of self/captive insurance be deemed to satisfy the insurance requirements of the resulting contract?

(A3) Only if they meet all of the requirements outlined in Section 0400, Item 3, and approved by the City's Risk Manager.

(Q4) If the Vendor does not have a published list price, will the City as an alternative accept Vendor's Internal (non-published) Government List Price which is a price for commercial items. Offeror's Internal Government List Price reflects market and manufacturer price adjustments (increases or decreases) for items sold to both Government and Commercial Customers so the price being offered to the City will reflect changes in the marketplace?

(A4) Only if a copy can be provided to the City and meet all of the requirements listed in Section 0400, Item 11.

(Q5) Could you please provide an example or link to the INNOVATIVE HEALTHCARE OR EQUAL NEP4350, NEP4300, NEP4200 and NEP4100 gloves?

(A5) <https://ihcsolutions.com/product/182-nitriderm-ep-nitrile-exam-gloves-extended-cuff/>. The item numbers have changed to 182050 (XS), 182100 (S), 182200 (M), 182300 (L), 182350 (XL), 182400 (XXL). Please update bid submissions for items 3.36 through 3.39 in Section 0600 Bid Sheet to the new item numbers above.

(Q6) The section requiring a % off of list, Attachment A. Manufacturers do not have a MFG List price, what will you be using to determine this?

(A6) Please list the catalog discount percent your firm is offering off of the manufacturer's list price.

(Q7) Section 900 Subcontracting, since there are no subcontracting goals for this Solicitation, would we just skip 0905 and not answer any of the questions?

(A7) If your firm does not intend to subcontract, check the no box on Section 0900 Subcontracting/Sub-consulting Utilization Form and fill out the Offeror Information. If you do not intend to subcontract then Section 0905 Subcontracting/Sub-consulting Utilization Plan is not required to be filled out and returned.

(Q8) Section 0400 #10 Hazardous Materials, do you want all MSDS sheets submitted with the bid, or only if awarded those particular items that require this?

(A8) As requested by the City, the Contractor shall provide the MSDS online or will provide a hard copy for each order.

(Q9) Published Price Lists: If the manufacturer doesn't provide a price list for the discount, how do we respond to this?

(A9) List 0%.

(Q10) Economic Price Adjustments: Will the City accept documented price increase letters from the manufacturer if there is one, or will the City follow D Indexes and E Calculation for adjustments only?

(A10) Per Section 0400 Supplemental Purchasing Provisions, Item 13.F "If the requested adjustment is not supported by the referenced index, the City, at its sole discretion, may consider approving an adjustment on fully documented market increases."

(Q11) Regarding Section 0500 Specifications, Item 3.2, does the City require a letter from each manufacturer represented in Categories 1-4, to be submitted at the time the bid is submitted?

(A11) Yes. Or, a business memo listing all manufacturer or branded products the company is authorized to distribute signed by the business CEO, President, or equal position will suffice.

(Q12) Regarding Section 0500 Specifications 4.1-4.13, does the City need proof/acknowledgement of each point with bid submission?

(A12) Yes. Same answer as A11.

(Q13) Normally when a tourniquet is requested there is also a request for hemostatic gauze as well. Is this something that is being added to the bid?

(A13) The City is not requesting this as a line item on the bid sheet.

(Q14) Which inventory management system is the City of Austin currently using for their EMS supplies?

(A14) Maximo for inventory management.

(Q15) Who does the City currently use for reverse distribution?

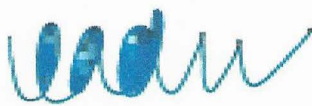
(A15) The City is not currently using reverse distribution for medical supplies or pharmaceuticals.

(Q16) We are unable to find more information on the item numbers given for lines 3.36 through 3.39.

(A16) Please see A5 above.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

APPROVED BY:


Erin D'Vincent, Procurement Specialist IV
Purchasing Office, 512-974-3070

5/4/18
Date

ACKNOWLEDGED BY:

Michael Murray
Name

Michael Murray
Authorized Signature

5/7/18
Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

City of Austin, Texas

IFB 9300 EAD0262
EMS Medial Supplies

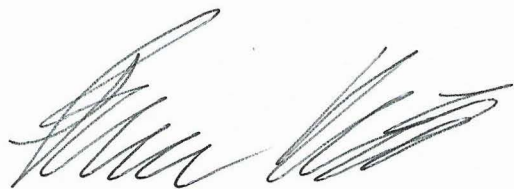
Per Addendum 1;

Section 0500 Specifications

3. Contractor Qualifications 3.1-3.2

4. Contractor Responsibilities 4.1-4.13

Life-Assist acknowledges and complies with all specifications outlined, specifically the qualifications and responsibilities in the above-mentioned sections as defined in this solicitation.



Ramona Davis, President/CEO



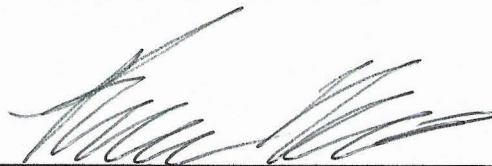
Manufacturer List

Cardinal Health	Allied Healthcare	Quantum EMS Solutions
Microflex	Sam Medical Products	Hart Health & Safety
Ambu, Inc.	Aseptic Control	Medegen Medical Products
Smiths Medical Asd, Inc.	Dukal Corporation	Smithworks Medical, Inc.
Optimal	Vidacare Corporation	Elc Security Products
Laerdal Medical Corp.	Simulaids, Inc.	Compliance Medical Mfg
Intern'l Medication Sys.	Cambridge Sensors USA	Maco International
Hospira Worldwide, Inc.	Thomas Transport Packs	MediPurpose, Inc.
Graham Medical	Nonin Medical Inc.	Cooper Surgical, Inc.
Amsino International	Tidi Products	Stearns Wear
B. Braun Medical Inc.	Dynarex Corporation	HealthSmart
Kendall Healthcare	Cook Medical, Inc.	Techtrade LLC
Becton Dickinson	Conterra Inc.	Water-Jel Technologies
3M Health Care	Fleming Industries, Inc.	Nortech Labs
Masimo Corporation	Motion Medical Dist.	ITec Mfg. LLC
Pfizer DDP Injectables	EMS Technology Solutions	Halco Fasteners, Inc.
Abbott Diabetes Care	So. Anesthesia & Surgical	C M C Rescue, Inc.
North American Rescue	Tyco Mallinckrodt Inc.	Flotec, Inc.
Hartwell Medical	Tactical Medical Solutions	Genstar Technologies
Pulmonary, Inc.	StatPacks, Inc.	R & D Batteries, Inc.
Baxter Healthcare-Dmg	E P and R	Owen Mumford, Inc.
Teleflex Medical Inc	Mylan Specialty L.P.	PharmaLink, Inc.
Philips Healthcare	Defibtech LLC	Retractable Technologies
Taylor Healthcare	CME America, LLC	Schuerch Corporation
Halyard Health	Minto Research & Dev.	The Pillow Factory
Med Plus Services USA	Ethox International, Inc.	Mangar Health
Mercury Medical	PerSys Medical	Vermed, Inc.
Biomedix, Inc.	Sagent Pharmaceuticals	PediaTape LLC
Conmed Corporation	West-Ward Pharmaceuticals	Westmed, Inc.
Medsource International	Gateway Safety, Inc.	Plano Molding Company
American Diagnostic Corp.	Mist Pharmaceuticals, LLC	Prestige Medical
Sscor, Inc.	HawkePaks	5.11, Inc.
Ferno Washington	Nasco	Precision Medical, Inc.
Medline Industries, Inc.	Pelican Products, Inc.	Rapid Rescue Products, Inc.
Digitcare Corporation	Salter Labs	Saunders Mfg. Company
Cramer Decker Medical	J.T. Posey Company	Eyes-Plus LLC
Z-Medica Corporation	Sun Medical	Parker Medical Associates, LLC
O-Two Medical Technologies	Gkr Industries, Inc.	Gary Precision Products
Welch Allyn, Inc.	Disaster Management Sys	SOS Technologies
Intersurgical Respiratory	Inovo, Inc.	Bowman Manufacturing
BEARiatrics Inc.	Universal Medical Design	Brw Diversified
XSHEAR	Bemis Manufacturing Co.	Major Pharmaceuticals

Manufacturer List

Harbor Safety Products	Instrumentation Industries	Ergodyne
Anesthesia Equipment Supply	Dick Medical Supply	Faretec
Life Nutrition	Emegear, LLC	Espero Pharmaceuticals, Inc.
Ecolab, Inc.	Adapt Pharma, Inc.	Mila Medical, Inc.
ClearTopBox Company LLC	Codan US Corporation	ORS Nasco
Medical Specialties, Inc.	AllCare, Inc.	Graham-Field Health
Neotech Products	Medical Devices Intern'l.	Great Plains Ballistics
Ansell Healthcare Products, LLC	Leonhard Lang Usa, Inc.	Tec Laboratories, Inc.
Wy'East Medical	Kent Elastomer Products	Rescue Wipes, LLC
Poly Systems Co.	Morrison Medical Products	Western Enterprises
Cramer Products, Inc.	Valeant Pharmaceuticals	Merit Medical Systems, Inc.
Emsar	Greenfield Medical	Zoll Medical Corporation
Elkay Plastics Co., Inc.	H&H Medical Corporation	Pro-Vac Systems
Garman Decal, Inc.	Sensoronics, Inc.	Gemco Medical
Ems Advantage	Meridian Medical Tech.	Human Injury Limiting Tool
KMS Medical Products, LLC	Care 2 Innovations	Em Innovations, Inc.
Rite in the Rain	Safetec	Samson Strap LLC
Uline	Exel International, Inc.	R & B Fabrications, Inc.
Engel USA	Exergen Corporation	Jones & Bartlett Learning
TigerStraps, LLC	Rescue Essentials	Unimed-Midwest, Inc.
Vitalpads	Innovative Healthcare Corp.	Fieldtex Products, Inc
Baja Books	Andover Healthcare, Inc.	Coretex Products
Fox Labs International	CareFusion Corporation	First & Main, Inc.
Heine Usa, Ltd.	DebMed USA	Mortan Inc.
Grabber, Inc.	Derma Sciences, Inc.	Repro-Med Systems, Inc.
Streamlight, Inc.	EKG Concepts	BurnFree Global
Mayflower Splint Co.	Flambeau	Junkin Safety Appl. Co.
Kingfisher Medical	PalmFlex	CPR1 LLC
Mtm Molded Prod. Company	Hartmann USA	Roehampton Medical
ICU Medical, Inc.	NuMask, Inc.	Tian's International
Seal-Seat Company	Physio-Control, Inc.	Health Care Logistics
Afassco, Inc.	Rico Suction Labs, Inc.	Alpha Protech, Inc.
Apex Supply Chain Technologies	Sharps Compliance	Spiracle Technology
Blaster Communications	Vivid Medical, Inc.	Mettag

Life-Assist, Inc. is an authorized distributor for emergency medical supplies, equipment and pharmaceuticals.



Ramona Davis, President/CEO 5/9/2018

General Information

1. Life-Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742
800-824-6016 (p) / 800-290-9794 (f)
customerservice@life-assist.com
2. Life-Assist has been serving the EMS community since 1977. We are the largest distributor located in the Western United States. We are large enough to provide strategically negotiated, best valued pricing, while still giving the personalized service needed and expected. We are committed to providing EMS agencies with their medical supply, equipment and pharmaceutical needs at a competitive price with exceptional service and prompt delivery.
3. We currently have our corporate warehouse located in Northern California and will be expanding our distribution by adding a warehouse in the Midwest. The state of Texas is serviced by our Northern California Warehouse.
4. Life-Assist has a disaster email address that customers can utilize to sign up for our disaster program. By signing up, a 24-hour emergency number will be provided in a disaster. The emergency number is linked to several managers with 24-hour access to the warehouse and those key manufacturers that have committed to providing disaster relief. We have several means of shipping products through our warehouse or through manufacturers directly, 7 days a week. Life-Assist has a proven record of helping in disasters such as: 9/11, Katrina, Joplin, Oklahoma City Bombing, Hurricane Harvey and several of the national and California wildfires.



Customer Service Approach

1. As one of the nation's largest distributors of emergency medical supplies, equipment and EMS pharmaceuticals, we pride ourselves on responding to the ever-changing needs of the EMS professional and constantly strive to stay informed about the current procedures and equipment used in the prehospital environment. Our goal is to ensure our customers are completely satisfied with their ordering experience with Life-Assist. Should a problem arise, our customer service team will promptly resolve the issue. Our mission is to supply medical equipment and supplies to EMS providers with honesty, integrity and outstanding customer service. ***Helping Heroes Save Lives.***
2. Ordering is easy:
 - **Internet:** Orders can be placed and pricing verified 24 hours a day, 7 days a week on our website www.life-assist.com
 - **Email:** Orders may be emailed to customer service at customerservice@life-assist.com
 - **Operative IQ:** Life-Assist is fully integrated with Operative IQ and orders can be submitted and pricing verified in this platform.
 - **Phone:** Toll free number is 800-824-6016. Knowledgeable and friendly customer service representatives are available to take your call Monday-Friday, 7:00am – 5:00pm PST.
 - **Online Chat:** Our new online chat features allows orders to be placed and questions to be answered via our online chat.
 - **Fax:** Our toll free fax number is 800-290-9794
 - **Mail:** Orders can be mailed to our office:

Life-Assist, Inc.
11277 Sunrise Park Drive
Rancho Cordova, CA 95742

Orders placed by 7:00pm CT are shipped the same day they are received. An order number is assigned and any item issues will be discussed at the time of the order. An email confirmation is provided with notification of any items not in stock including an estimated fulfillment date and a tracking number is provided. Life-Assist customer service will provide a status update if delivery of the backordered item changes. Under no circumstance will Life-Assist substitute products without the customer's authorization. Life-Assist shall provide product details, including specific product name, product quantity, product identification numbers, lot numbers, unit of measure and expiration date.



Ordering info. (continued)

Expedited shipping is available. We currently utilize UPS or Federal Express which both have next day delivery and/or Saturday delivery options available. There are no extra fees, we charge the actual freight amount we are charged by our carrier. Those fees depend on the size, weight, number of packages and the specific service selected.

3. Life-Assist has a 99.6% accuracy rate and on time delivery. Our warehouse is located on the West Coast which alleviates a lot of the weather-related delay issues that can plague other parts of the nation. Our customers enjoy the friendly and fast service we provide.



Added Value

Life-Assist offers quarterly or bi-annual business reviews providing low-cost alternative reports identifying cost-effective solutions which can provide the department additional savings.

Local Account Manager:

Gerald Ramirez
(682) 465-3710
gerald.ramirez@life-assist.com

Regional Sales Director:

Brett Archer
(816) 830-9334
brett.archer@life-assist.com

Gerald has been a certified paramedic since 1992, working in the field as a FF/Paramedic for 13 years. He is available for new product introductions, product demonstrations, manufacturer training, samples, analyze account trends and to make sure you are completely satisfied with your buying experience with Life-Assist. Gerald has been working in EMS sales since 2001 so he has a very thorough understanding of the products and how they are utilized in the EMS industry.

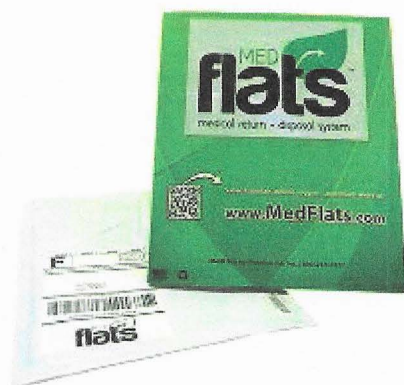


Return Policy

- Prior to returning any purchase: please contact our Customer Service Department for return authorization. Be sure to have your invoice or packing slip available.
- Returned merchandise must be sent freight prepaid and be received in new, resalable condition.
- We want you to be 100% satisfied with your purchase. If a product does not meet your specifications, you may return the item in its original packaging, in resalable condition, within 30 days for a full credit. Returns of items after 30 days are subject to a 15% restocking fee.
- Some goods, such as sterilized items, refrigerated items, special order items, items more than 90 days old, etc. may not be returned for credit.
- If we make an error in filling or shipping your order, we will promptly rectify the mistake at no cost to you.



Reverse Distribution information



PHARMALINK INC

MedFlats® Disposal System

MedFlats® Disposal System is a complete, eco-friendly system that makes it simple to return and dispose of your pharmaceutical products responsibly. MedFlats® offers a simple solution for discarding unused, unwanted, or expired OTC's, Controlled Substances II-V, and all other prescription medications.

Features

- Secure and compliant package for shipping
- Access to our easy-to-use web inventory application
- Pre-paid shipping
- Return processing reports
- Identification of credit eligible items
- Complete processing and/or disposal of controlled substances (Schedule II-V)
- Return preparation instructions and support
- Witnessed incineration of non-returnable product
- Data entry and material handling of all products at our state-of-the-art returns processing center
- Identification of credit eligible items
- Complete Customer Service
- Waste characterization of all non-returnable products according to regulatory standards
- Certificates of Disposal detailing proof of destruction for non-returnable items
- Complete Technical Support
- Corporate user access control
- Corporate reporting for multi-location operations

Included with MedFlats® are all of the following valuable services, for one flat-rate cost:

- Package for shipping
- Return preparation instructions
- Access to web inventory application
- Identification of credit eligible items
- Physical processing and reconciliation of received product
- Data entry to systems and material handling
- Thermal incineration of waste product
- Waste characterization, inventory, storage and disposal
- Preparation and electronic delivery of return processing reports

How much have you
spent on medical
supplies in the past
12 months?

Purchasing

How much do
expired
medications cost
you each year?

Inventory

How long does it take
you to report on
operational exceptions?

Reporting

WHAT IS YOUR IQ?

How long does it take you
to verify the location of
your assets?

Assets

What is the
cost/mile to operate
your fleet?

Fleet Maintenance

How secure
are your controlled
substance logs?

*Controlled Substance
Tracking*



Operative IQ is a web-based inventory, asset and fleet management software suite specific to public safety since 2008 with over 30,000 users and a 93 percent customer retention rate. Operative IQ's electronic check sheet enables crew members to report inventory, asset and fleet issues from the front lines. Operative IQ provides immediate cost savings with minimal investment in a unique, all-inclusive platform that meets your demands.

EMS Technology Solutions, LLC
3760 Tramore Pointe Pkwy, S.W.
Austell, GA 30106

USA: 877-217-3707
Canada: 647-694-0150

Email info@operativeiq.com
www.operativeiq.com

OPERATIVE IQ SPECIFICATIONS

Inventory Management

Inventory management eliminates user error while adding accountability. By replacing manual paper processes, Operative IQ's inventory management tool provides tracking of medical supply expiration dates and lot numbers, station inventory and vehicle inventory. Maximize relevant inventory by creating purchase orders based on stock levels.

Asset Management

Asset management empowers you to know the location and history of your asset maintenance, store documents online and generate reports. Quickly check assets out and verify their location using the check sheet. Easily locate missing assets, know in advance when items are due for preventative maintenance and generate reports essential to an organized operation.

Controlled Substance Tracking

Controlled Substance Tracking enables you to replace your current paper logs with a more secure system. It provides the needed capability to track your narcotic boxes, expiration dates, lot numbers and easily create reports on the possession and movement of controlled substances. The system uses biometric fingerprint validation for added security and accountability for your operation.

Fleet Maintenance Software

Fleet maintenance connects your frontline crew with your fleet manager by tracking and scheduling vehicle repairs and routine maintenance based on crew member inspections. Crew members can report mileage, fuel costs, damage and vehicle service requests. Inspections completed using the Operative IQ check sheet make it easy to generate reports that keep vehicles in service while understanding their cost per mile.

Check Sheet

The Check Sheet connects your crew members to Operative IQ to send real-time information from anywhere. With the Check Sheet crews perform inventory inspections, log supply usage, respond to questionnaires, verify assets, report vehicle mileage and repair requests and can link directly in to the controlled substances module.

System Requirements

Server: n/a – software as a service hosted
Processor: 2.33 GHz or faster
Graphics: 128 or 256 MB memory
Memory: 2 GB
MB of memory: WDDM 1.1 (Windows 7) drivers, Direct X9 and 10 capable
Operating System: Windows 7, Windows 8
Browser: Internet Explorer 7.0 or newer, Mozilla Firefox 12.0 or newer, Google Chrome 5.0 or newer

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
Nashville Medical & EMS Products, Inc. ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between Nashville Medical & EMS Products, Inc. having offices at P.O. Box 64, Springfield, TN 37172 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

1.1.1 This Contract

1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference

1.1.3 Nashville Medical & EMS Products Inc.'s Offer, dated May 5, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

1.2.1 This Contract

1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference

1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall

be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68
Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.17, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58
Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70
QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,
Boundtree – Items 3.29, 3.31, 3.63, 3.72
Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.47,
Southern Safety – Items 3.5, 3.33, 3.50, 3.57
Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

Nashville Medical & EMS Products, Inc.

CITY OF AUSTIN

NARI SADARANGANI
Printed Name of Authorized Person

Erin D'Vincent
Printed Name of Authorized Person

[Signature]
Signature

[Signature]
Signature

PRESIDENT
Title:

Procurement Supervisor
Title:

4/04/2019
Date:

4-12-19
Date:

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: NASHVILLE MEDICAL & EMS PRODUCTS, INC
Company Address: PO BOX 64
City, State, Zip: SPRINGFIELD, TN 37172.
Federal Tax ID No. _____
Printed Name of Officer or Authorized Representative: NARE SADARANGANI
Title: PRESIDENT
Signature of Officer or Authorized Representative: [Signature]
Date: MAY 05 2018
NASHVILLEEMS@GMAIL.COM
Phone Number: 615-668-1147, 615-384-0573

* Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award



**BID SHEET
CITY OF AUSTIN
EMS MEDICAL SUPPLIES**

SOLICITATION NO. IFB 9300 EAD0262

BUYER: Erin D'Vincent

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

A bid of "0" (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of "no bid" or no response (space left blank) will be interpreted by the City that the Offeror does not wish to bid on that item. Be advised, a "no bid" or no response may be considered as non-responsive and may result in disqualification of the bid.

Prices offered on the bid sheet shall be all inclusive of fees not expressly allowed in Section 0500. The Offeror shall not charge separately for administrative, overhead, per diem, and shipping or transportation costs (travel time, fuel surcharges, mileage, stop fee, etc.) to deliver services or items to the Austin, Texas area. The Offeror shall provide all tools, labor, travel, and equipment necessary to perform the services required under this contract.

Items listed as branded shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded. If bidding a substitute product, please indicate the proposed substitution in Column L.

The City intends to award multiple awards based on categories of specific line items, pricing, or any criteria or combination deemed most advantageous to the City. An Offeror shall bid on all sections of a category in order to be considered for award of that category.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate Strength (0.05mg/mL) 0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate Strength (0.05mg/mL) 0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000		\$0.00	Not Branded	WestWard OR EQUAL	NDC 641602725			
1.2	Midazolam (Versed) 5mg/mL 1mL SDV Class III	EACH	6,000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01			
1.3	Ketamine 5-mL multi-dose vial 100 mg/mL CLASS III	EACH	1,200		\$0.00	Not Branded	WestWard OR EQUAL	0143-9509-10			
SUBTOTAL FOR CATEGORY 1 =				\$0.00							

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-8637-34			
2.2	2% Lidocaine HCl Injection, USP 100mg/5mL, LifeShield, Luer lock adapter with 20g protected needle	EACH	996		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34			
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL Vial	EACH	1,500		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 78329-1469-5 or NDC 78329-3369-1			
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe Luer lock.	EACH	450		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01			
2.5	Amiodarone Hydrochloride Injection 150mg/3mL (50mg/ mL) SDV	EACH	1,160		\$0.00	Not Branded	PHARMACEUTICAL OR EQUAL	63323-0616-03			
2.6	Adenosine 12mg/4mL SDV	EACH	1,176		\$0.00	Not Branded	PHARMACEUTICAL OR EQUAL	NDC 63323-651-04			
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets) 30 tablets per box.	EACH	300		\$0.00	Not Branded	AUROBINDO OR EQUAL	65862-390-10			
2.8	0.9% Sodium Chloride Injection USP 1000mL IV bag.	EACH	20,000		\$0.00	Not Branded	B BRAUN OR EQUAL	L8000			
2.9	0.9% Sodium Chloride Injection, USP 250mL IV Bag	EACH	8,000		\$0.00	Not Branded	B BRAUN OR EQUAL	L8002			
2.10	Sterile Water 500mL Plastic Bottle Container	EACH	3,000		\$0.00	Not Branded	B BRAUN OR EQUAL	R5001-01			
2.11	Dextrose 10% in sterile water USP 250mL IV Bag	EACH	3,000		\$0.00	Not Branded	B BRAUN OR EQUAL	(L5202) NDC 00264-7520-20			
2.12	Hurricane® Spray 2oz	EACH	144		\$0.00	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02			
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300		\$0.00	Not Branded	PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30			
2.14	Haloperidol (HALDOL) 5mg / mL 1mL Vial	EACH	696		\$0.00	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01			
2.15	Glucagon Kit: 1 vial containing 1 mg (1 unit) Glucagon (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700		\$0.00	Not Branded	FRESENIUS OR EQUAL	63323-0593-03			

2.16	Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL Abboject* Prefilled Syringe	EACH	18000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34			
2.17	0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000	\$0.37	\$18,500.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	8891570121	2T0806	AQUABILITI	400/CASE
2.18	NITROMIST Pumpspray	EACH	300		\$0.00	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08			
2.19	Glutose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000	\$1.33	\$2,660.00	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30	6838	LIFE NUTRITION	100/CASE
2.20	Levophed. 1mg/ml. 4ml ampoule.	EACH	1,500		\$0.00	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25			
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-6006-01			
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05			
SUBTOTAL FOR CATEGORY 2 =				\$21,160.00							
CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	\$1.99	\$19,900.00	BRANDED	3M	2082	2082		36/CASE
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	\$1.19	\$47,600.00	BRANDED	3M	1870	1870		120/CASE
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	\$0.56	\$1,400.00	BRANDED	3M	1626	1626		200/CASE
3.4	Electrodes, Blue Sensor SP.	EACH	16,000	\$0.256	\$4,096.00	BRANDED	AMBU	SP-00-S/50	SP-00-S/50		50/PK
3.5	C-Collar. Adult	EACH	7,000	\$4.95	\$34,650.00	BRANDED	AMBU	281-000	281-000		30/CASE
3.6	10 Drop Intravenous Set.	EACH	22,500	\$0.00	\$0.00	BRANDED	AMSINO	MRA10E-95	\$0.00		0
3.7	60 Drop Intravenous Set. Custom	EACH	5,000	\$0.00	\$0.00	BRANDED	AMSINO	MRSA60E-88	\$0.00		0
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000	\$0.00	\$0.00	BRANDED	B. BRAUN	480206	\$0.00		0
3.9	Glucometer Check Strip	EACH	2,500	\$0.33	\$812.50	BRANDED	BAYER HEALTHCARE	7099C	7099C		50/BTL
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	\$0.44	\$3,080.00	BRANDED	BECTON DICKINSON	303390	303390		100/BOX
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	\$0.34	\$4,760.00	BRANDED	BECTON DICKINSON	303346	303346		100/BOX
3.12	sharps container 3 gal	EACH	500	\$4.49	\$2,245.00	Not Branded	BECTON DICKINSON OR EQUAL	305436	412210R	KENTRON	20/CASE
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720	\$2.59	\$1,864.80	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	4875	DYNAREX	40/CASE
3.14	Disposable Pillow 15 ounce fill. 17 inches X 24 inches. White.	EACH	2,000	\$1.59	\$3,180.00	Not Branded	CARELINE OR EQUAL	089-0715	182415D	KENTRON	24/CASE
3.15	Tourniquet® (C-A-T®)	EACH	500	\$20.89	\$10,445.00	BRANDED	COMPOSITE RESOURCE	30-0001	30-0001		100/CASE
3.16	Veni-Gard IV Dressing	EACH	33,300	\$0.33	\$10,922.400	BRANDED	CON-MED	705-4431	705-4431		500/CASE
3.17	Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000	\$0.59	\$26,550.00	BRANDED	COVIDIAN (ORIDION)	010209	10209		50/CASE
3.18	Sharps Dart, Sharps container with one time lockab le seal, 6.5 in 1½" diameter x 6½" Inside Length	EACH	15,000	\$0.79	\$11,850.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	412280	KENTRON	288/CASE
3.19	Tourniquet. 1 inch x 18 inch. Light Blue	EACH	36,000	\$0.062	\$2,232.00	Not Branded	DAWNMIST OR EQUAL	4371	901100	KENTRON	1000/CASE
3.20	Limb Holder 2 each per PAIR	EACH	3,000	\$8.85	\$26,550.00	BRANDED	DEROYAL	M2052	M2052		50/CASE
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious. with Loop-Loc™ ends.	EACH	5,000	\$5.19	\$25,950.00	BRANDED	DICK MEDICAL	37172 (OR)	37172OR		50/CASE
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500	\$0.62	\$3,410.00	Not Branded	DYNAREX OR EQUAL	3161	444666	KENTRON	100/CASE
3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000	\$0.285	\$2,850.00	Not Branded	DYNAREX OR EQUAL	4512	561111	KENTRON	24/CASE
3.24	O.T.D. (OPTIMUM TRACTION DEVICE). Orange	EACH	48	\$69.00	\$3,312.00	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800	444901	KENTRON	EACH
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	\$749.00	\$29,960.00	BRANDED	ENGEL	MD14F	MD14F		EACH

3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175	\$19.00	\$3,325.00	BRANDED	ETHOX INTERNATIONAL INC	4010	4010		5/CASE
3.27	Model 65 Scoop™ Stretcher	EACH	12	\$599.00	\$7,188.00	BRANDED	FERNO	PT6500	PT6500		EACH
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	\$1.19	\$47,600.00	BRANDED	GKR INDUSTRIES	7000 HP	7000HP		240/CASE
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$0.99	\$118,800.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	369072	KENTRON	30/CASE
3.30	MegaMover® 1500	EACH	5,000	\$20.49	\$102,450.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	51926	GRAHAM MEDICAL	10/CASE
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000	\$0.59	\$24,780.00	BRANDED	HUDSON RCI	1103	1103		50/CASE
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$0.57	\$4,731.00	Not Branded	HUDSON RCI OR EQUAL	1080	999108	KENTRON	50/case
3.33	Micro Mist® Nebulizer	EACH	2,800	\$0.89	\$2,492.00	BRANDED	HUDSON RCI	1883	1883		50/case
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.19	\$1,520.00	Not Branded	HUDSON RCI OR EQUAL	1115	333400	KENTRON	50/case
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$31.00	\$93,000.00	Not Branded	HUDSON RCI OR EQUAL	1083	333100	KENTRON	50/case
3.36	Nitrile Glove. X-Large	EACH	7,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4350			
3.37	Nitrile Glove. Large	EACH	10,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4300			
3.38	Nitrile Glove. Medium	EACH	6,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4200			
3.39	Nitrile Glove. Small	EACH	3,000		\$0.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4100			
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500		\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8705000			
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500		\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8704030			
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200		\$0.00	BRANDED	INTERSURGICAL INCORPORATED	8703030			
3.43	Backboard Lime Green	EACH	30		\$0.00	BRANDED	IRON DUCK	35900			
3.44	All-Purpose Sponges. 4" X 4", 12 Ply. Nonsterile.	EACH	236,000	\$0.016	\$3,776.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	9024	441211	KENTRON	2000/CASE
3.45	Fluid Shield Procedure Mask	EACH	9,000	\$0.35	\$3,150.00	Not Branded	KIMBERLY CLARK OR EQUAL	47137	FS9901	KENTRON	100/CASE
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500		\$0.00	BRANDED	LAERDAL	700-00001			
3.47	Thomas Select Tube Holder, Adult	EACH	1,200		\$0.00	BRANDED	LAERDAL	600-42500			
3.48	Laerdal Suction Unit	EACH	100		\$0.00	BRANDED	LAERDAL	78002001			
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000		\$0.00	BRANDED	MEDLINE	NON 24335			
3.50	VIONEX® Antiseptic Towellette. Individually packaged	EACH	50,000	\$0.164	\$8,200.00	BRANDED	METREX	10-1510	10-1510		500/CASE
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	\$8.15	\$9,780.00	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056	ZZ-0056		EACH
3.52	Adlt/Ped filterline set (Airway Adapter Set)	EACH	2,500		\$0.00	BRANDED	ORIDION	XS04620			
3.53	Atlas Cervical Collar. SIZE: Infant Short	EACH	500		\$0.00	BRANDED	USSOR PHILADELPHIA ATLAS	PHP-A110			
3.54	SMART-BAG MO Size Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	\$0.00	\$0.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs			
3.55	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	\$0.00	\$0.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs			
3.56	CPAP System (Small Adult), c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	\$0.00	\$0.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS			
3.57	Unistix® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.165	\$6,930.00	BRANDED	OWEN MUMFORD	AT 0712	AT0712		100/BOX
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	\$0.15	\$300.00	BRANDED	PDI	B10800	B10800		100/BOX
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900	\$7.99	\$7,191.00	BRANDED	PDI	Q86984	Q86984		6/CASE
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4		\$0.00	BRANDED	QUANTUM EMS	Q-BABY/ADD			
3.61	Sam Splints™ Flatfold	EACH	1,400	\$12.49	\$17,486.00	BRANDED	SAM MEDICAL	SP1121F	SP1121F		60/CASE
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	\$67.49	\$8,098.80	BRANDED	SAM MEDICAL	SL556652-LG	SL556652-LG		EACH
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	\$67.49	\$8,098.80	BRANDED	SAM MEDICAL	SL556652-SM	SL556652-SM		EACH

3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	\$2.29	\$45,800.00	BRANDED	SMITHS MEDICAL	3066	3066		200/CASE
3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000	\$2.29	\$45,800.00	BRANDED	SMITHS MEDICAL	3065	3065		200/CASE
3.66	I.V. Catheter Size: 16G x 1 1/4" Grey	EACH	2,200	\$2.29	\$5,038.00	BRANDED	SMITHS MEDICAL	3062	3062		200/CASE
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200	\$2.29	\$5,038.00	BRANDED	SMITHS MEDICAL	3060	3060		200/CASE
3.68	Hi-Def "BIG STICK"® Suction Tip	EACH	3,000	\$2.19	\$6,570.00	BRANDED	SSCOR INC	44241	44241		50/CASE
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$6.99	\$55,920.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090	6090700	KENTRON	6090700
3.70	Mucosal Atomization Device	EACH	3,000	\$4.19	\$12,570.00	BRANDED	TELEFEX MEDICAL	MAD300	MAD300		100/CASE
3.71	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.	EACH	2,000	\$1.89	\$3,780.00	Not Branded	TIDI OR EQUAL	980043	888658	KENTRON	25/CASE
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$4.54	\$1,852.32	Not Branded	VERIDIAN OR EQUAL	02-1081	777701	KENTRON	EACH

SUBTOTAL FOR CATEGORY 3 =

\$938,884.62

CATEGORY 4 - CONVENIENCE KITS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	\$3.09	\$21,630.00	Not Branded	Vendor Assembled	N/A	333758	KENTRON	50/CASE

SUBTOTAL FOR CATEGORY 4 =

\$21,630.00

CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only)

The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be fixed throughout the term of the Contract including any subsequent extension periods.

This information will not be used in the evaluation of the bid but is for informational purposes only and there is no guarantee of purchase. Information should be included on Attachment A.

CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only)

See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information

DESCRIPTION	MAXIMUM RESTOCKING FEE PERCENTAGE
Restocking Fees	TEN PERCENT

DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED

DELIVERY METHOD: ☒ COMMON CARRIER (FedEx UPS) ☐ VENDOR DELIVERY

COMPANY NAME: NASHVILLE MEDICAL & EMS PRODUCTS, INC

EMAIL ADDRESS: NASHVILLEEMS@GMAIL.COM

MEDICAL SUPPLIES
IFB 9300 EAD0262
ATTACHMENT A

VENDOR SHALL LIST THE PERCENT DISCOUNT FROM CATALOG LIST PRICE THAT WILL BE OFFERED TO THE CITY FOR EACH APPLICABLE MANUFACTURER. IF VENDOR IS NOT ABLE TO PROVIDE A PARTICULAR MANUFACTURER, THE PERCENT DISCOUNT BOX SHALL BE LEFT BLANK.

LINE #	OTHER MANUFACTURERS	Discount from Manufacturer's Catalog List Price
1	ABBOTT LABS:	_____ %
2	ADENNA	_____ %
3	ADI MEDICAL	_____ %
4	ADVANCED CIRCULATORY SYSTEM	_____ %
5	AES INC	_____ %
6	ALPHA PROTECH	_____ %
7	AKORN:	_____ %
8	AKRIMAX PHARMACEUTICALS:	_____ %
9	AMERICAN DIAGNOSTICS CORPORATION:	_____ %
10	AMPHASTAR-IMS:	_____ %
11	AMSINO	_____ %
12	AMVEX	_____ %
13	APP PHARMACEUTICALS	_____ %
14	ARMSTRONG MEDICAL:	_____ %
15	BAYER HEALTHCARE:	_____ %
16	BAUSCH AND LOMB	_____ %
17	BEDFORD LABORATORIES:	_____ %
18	BEMIS HEALTHCARE:	_____ %
19	BPI LABS	_____ %
20	CARELINE	_____ %
21	COMPOSITE RESOURCE:	_____ %
22	CON-MED:	_____ %
23	COVIDIEN	_____ %
24	CURAPLEX	_____ %

25	DAWNMIST:	%
26	DEROYAL	%
27	DEY LABORATORIES:	%
28	DICK MEDICAL	15 %
29	DUKAL	%
30	DUPONT	%
31	DURAPORE	%
32	ELITE CREATORS	%
33	EMERGENCY PRODUCTS AND RESEARCH:	%
34	ENGEL USA	%
35	ESTILL MEDICAL	%
36	ETHOX INTERNATIONAL INC:	%
37	FRESENIUS	%
38	FOUGERA PHARMACEUTICALS:	%
39	FUTURA	%
40	GKR INDUSTRIES:	10 %
41	GLENMARK	%
42	GRAHAM MEDICAL:	%
43	GREENFIELD MEDICAL:	%
44	HARTMANN:	%
45	HONEYWELL	%
46	ICE KOLD:	%
47	INNOVATIVE HEALTHCARE MEDICAL	%
48	ICU MEDICAL	%
49	INNOVATIVE HEALTHCARE	%
50	INTERSURGICAL INCORPORATED	%
51	IRON DUCK:	%
52	KENTRON HEALTHCARE	40 %
53	KINGFISHER MEDICAL	%

54	KINGFISHER MEDICAL	%
55	MASIMO:	%
56	MERIDIAN MEDICAL TECHNOLOGIES:	%
57	MEDPRIDE	%
58	MEDSOURCE	%
59	MCNEIL CONSUMER HEALTHCARE	%
60	MICROBVM	%
61	MIRION TECHNOLOGIES:	%
62	METREX :	%
63	MOCKMEDS	%
64	MOORE MEDICAL:	%
65	MORTAN	%
66	MYDENT INTERNATIONAL	%
67	NATUS (NICOLET)	%
68	NORTH AMERICAN RESCUE:	%
69	NUTRAMAX:	%
70	NOVAMED USA	%
71	O-Two Medical	%
72	ORIDIAN:	%
73	OSSUR PHILADELPHIA ATLAS:	%
74	OWEN MUMFORD:	%
75	PADDACK LABS:	%
76	PAR STERILE PRODUCTS LLC	%
77	PEDIA	%
78	PHARMACEUTICAL ASSOCIATES	%
79	PHILIPS ELECTRONICS NORTH AMERICAN	%
80	POSEY:	%
81	PULMODYNE:	%
82	PURRELL	%

83	ROUSE PHARMACEUTICALS	%
84	RUGBY LABORATORIES:	%
85	QUANTUM EMS	%
86	SAFETEC OF AMERICA	%
87	SAFETY INTERNATIONAL	%
88	SAGENT PHARMACEUTICALS:	%
89	SAM MEDICAL:	%
90	SEIKO	%
91	SPERIAN	%
92	SSCOR INC:	%
93	STRYKER MEDICAL	%
94	TAYLOR HEALTHCARE	%
95	THOMAS EMS	%
96	TIDI:	%
97	VIASYS HEALTHCARE	%
98	VERIDIAN	%
99	WELCH ALLYN	%
100	WEST-WARD PHARMACEUTICALS:	%
101	WOLFE TORY MEDICAL:	%
102	UCAPIT	%
103	Z-MEDICA	12 %
104	ZOLL MEDICAL	%
105	FOR ALL OTHER MANUFACTURERS NOT SPECIFIED	%

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm	<i>NOT LOCAL BUSINESSES.</i>	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	<i>None</i>	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	<i>NONE</i>	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

*Nashville medical & EMS PRODUCTS, INC
is 100% minority owned small business.
[Signature]*

Section 0700: Reference Sheet

Responding Company Name NASHVILLE MEDICAL & EMS PRODUCTS, INC

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name Please see the attached list

Name and Title of Contact _____

Project Name _____

Present Address _____

City, State, Zip Code _____

Telephone Number (____) _____ Fax Number (____) _____

Email Address _____

2. Company's Name _____

Name and Title of Contact _____

Project Name _____

Present Address _____

City, State, Zip Code _____

Telephone Number (____) _____ Fax Number (____) _____

Email Address _____

3. Company's Name _____

Name and Title of Contact _____

Project Name _____

Present Address _____

City, State, Zip Code _____

Telephone Number (____) _____ Fax Number (____) _____

Email Address _____

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, **OR** THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this may day of 05, 2018.

CONTRACTOR

Authorized Signature

Title

NASHVILLE MEDICAL & EMS
PRODUCTS, INC
[Signature]
PRESIDENT

Section 0835: Non-Resident Bidder Provisions

Company Name NASHVILLE MEDICAL & EMS PRODUCTS, INC

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: NON-RESIDENT BIDDER

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: NO Which State: TN

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: _____



Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM**

Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information	
Company Name	NASHVILLE MEDICAL & EMS PRODUCTS, INC
City Vendor ID Code	V00000929789
Physical Address	201 CENTRAL AVE W. PO BOX 64
City, State Zip	SPRINGFIELD, TN 37172
Phone Number	615-668-1144
Email Address	Nashvilleems@gmail.com
Is the Offeror City of Austin M/WBE certified?	<input checked="" type="checkbox"/> NO 100% MINORITY OWNED BUSINESS
	<input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

NARI SADHARANGANI/PRESIDENT

Name and Title of Authorized Representative (Print or Type)

Signature/Date

05/05/2018

Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

- ☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

- ☐ I intend to use **NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.**

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;

STEP TWO: Perform Good Faith Efforts (Check List provided below);

STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.**

- ☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.
- ☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the **Austin Metropolitan Statistical Area**, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

- ☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

- ☐ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

- ☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

NO SUBCONTRACTOR.

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact
		<input type="checkbox"/> Phone OR <input type="checkbox"/> Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

Reviewing Counselor

Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

Director/Assistant Director or Designee

Date



**ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS**

Solicitation: IFB 9300 EAD0262

Addendum No: 1

Date of Addendum: May 4, 2018

This addendum is to incorporate the following changes to the above referenced solicitation:

- I. **Clarifications:** Strike the information on Section 0600 Bid Sheet that states: An Offeror shall bid on all sections of a category in order to be considered for award of that category.

The City does NOT require an Offeror to bid on all sections of any of the categories to be considered for award. However, the City reserves the right to award in whichever method is most advantageous to the City.

II. **Questions:**

(Q1) If there are terms and conditions a Vendor may not be able to agree to will the City consider exceptions to terms and conditions?

(A1) No

(Q2) Specifically, if there are insurance requirements that a Vendor may not be able to agree to will the City consider exceptions to insurance terms and conditions?

(A2) No

(Q3) Would a Vendor's use of self/captive insurance be deemed to satisfy the insurance requirements of the resulting contract?

(A3) Only if they meet all of the requirements outlined in Section 0400, Item 3, and approved by the City's Risk Manager.

(Q4) If the Vendor does not have a published list price, will the City as an alternative accept Vendor's Internal (non-published) Government List Price which is a price for commercial items. Offeror's Internal Government List Price reflects market and manufacturer price adjustments (increases or decreases) for items sold to both Government and Commercial Customers so the price being offered to the City will reflect changes in the marketplace?

(A4) Only if a copy can be provided to the City and meet all of the requirements listed in Section 0400, Item 11.

(Q5) Could you please provide an example or link to the INNOVATIVE HEALTHCARE OR EQUAL NEP4350, NEP4300, NEP4200 and NEP4100 gloves?

(A5) <https://ihcsolutions.com/product/182-nitriderm-ep-nitrile-exam-gloves-extended-cuff/>. The item numbers have changed to 182050 (XS), 182100 (S), 182200 (M), 182300 (L), 182350 (XL), 182400 (XXL). Please update bid submissions for items 3.36 through 3.39 in Section 0600 Bid Sheet to the new item numbers above.

(Q6) The section requiring a % off of list, Attachment A. Manufacturers do not have a MFG List price, what will you be using to determine this?

(A6) Please list the catalog discount percent your firm is offering off of the manufacturer's list price.

(Q7) Section 900 Subcontracting, since there are no subcontracting goals for this Solicitation, would we just skip 0905 and not answer any of the questions?

(A7) If your firm does not intend to subcontract, check the no box on Section 0900 Subcontracting/Sub-consulting Utilization Form and fill out the Offeror Information. If you do not intend to subcontract then Section 0905 Subcontracting/Sub-consulting Utilization Plan is not required to be filled out and returned.

(Q8) Section 0400 #10 Hazardous Materials, do you want all MSDS sheets submitted with the bid, or only if awarded those particular items that require this?

(A8) As requested by the City, the Contractor shall provide the MSDS online or will provide a hard copy for each order.

(Q9) Published Price Lists: If the manufacturer doesn't provide a price list for the discount, how do we respond to this?

(A9) List 0%.

(Q10) Economic Price Adjustments: Will the City accept documented price increase letters from the manufacturer if there is one, or will the City follow D Indexes and E Calculation for adjustments only?

(A10) Per Section 0400 Supplemental Purchasing Provisions, Item 13.F "If the requested adjustment is not supported by the referenced index, the City, at its sole discretion, may consider approving an adjustment on fully documented market increases."

(Q11) Regarding Section 0500 Specifications, Item 3.2, does the City required a letter from each manufacturer represented in Categories 1-4, to be submitted at the time the bid is submitted?

(A11) Yes. Or, a business memo listing all manufacturer or branded products the company is authorized to distribute signed by the business CEO, President, or equal position will suffice.

(Q12) Regarding Section 0500 Specifications 4.1-4.13, does the City need proof/acknowledgement of each point with bid submission?

(A12) Yes. Same answer as A11.

(Q13) Normally when a tourniquet is requested there is also a request for hemostatic gauze as well. Is this something that is being added to the bid?

(A13) The City is not requesting this as a line item on the bid sheet.

(Q14) Which inventory management system is the City of Austin currently using for their EMS supplies?

(A14) Maximo for inventory management.

(Q15) Who does the City currently use for reverse distribution?

(A15) The City is not currently using reverse distribution for medical supplies or pharmaceuticals.

(Q16) We are unable to find more information on the item numbers given for lines 3.36 through 3.39.

(A16) Please see A5 above.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.


APPROVED BY:


Erin D'Vincent, Procurement Specialist IV
Purchasing Office, 512-974-3070

5/4/18

Date

ACKNOWLEDGED BY:


Name


Authorized Signature

05/05/2018
Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
QuadMed, Inc ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between QuadMed, Inc having offices at 11210-1 Phillips Industrial Blvd, Jacksonville, FL 32256 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference
- 1.1.3 QuadMed's Offer, dated May 8, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68

Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58

Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70

QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,

Boundtree – Items 3.17, 3.29, 3.31, 3.63, 3.72

Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.47,

Southern Safety – Items 3.5, 3.33, 3.50, 3.57

Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

QuadMed

CITY OF AUSTIN

Brittany Lovelace

Printed Name of Authorized Person

Erin D'Vincent

Printed Name of Authorized Person

Brittany Lovelace

Signature

[Signature]

Signature

Contract Manager

Title:

Procurement Supervisor

Title:

04/05/2019

Date:

4-12-19

Date:

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: QuadMed
Company Address: 11210-1 Phillips Industrial Blvd.
City, State, Zip: Jacksonville, FL 32256
Federal Tax ID No. _____
Printed Name of Officer or Authorized Representative: Jackie Coinger
Title: Contract Manager
Signature of Officer or Authorized Representative: Jackie Coinger
Date: 5/8/18
Email Address: BIDS@QuadMed.com
Phone Number: 904-880-2323

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**



BID SHEET CITY OF AUSTIN

S: IFB 9300 EAD0292

BUYER Erin D'Vincent

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate, Strength: 0.05mg/mL, 1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,750/case
1 1	Fentanyl Citrate, Strength: 0.05mg/mL, 1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000		\$0.00	Not Branded	WestWard OR EQUAL	NDC 641602725	no bid	no bid	no bid
1 2	Midazolam (Versed) 5mg/mL, 1m SDV Class III	EACH	6,000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01	no bid	no bid	no bid
1 3	Ketamine, 5-mL multi-dose vial 100 mg/mL CLASS III	EACH	1,200		\$0.00	Not Branded	WestWard OR EQUAL	0143-9509-10	no bid	no bid	no bid
SUBTOTAL FOR CATEGORY 1 =				\$0.00							

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-8637-34	no bid	no bid	no bid
2.2	2% Lidocaine HCl Injection, USP 100mg/5mL, LifeShield, Luer lock adapter with 20g protected needle	EACH	996		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34	no bid	no bid	no bid
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL, 10mL Vial	EACH	1,500		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1469-5 or NDC 76329-3369-1	no bid	no bid	no bid
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe, Luer lock)	EACH	450		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01	no bid	no bid	no bid
2.5	Amiodarone Hydrochloride Injection 150mg/3mL (50mg/ mL) SDV	EACH	1,160		\$0.00	Not Branded	APP PHARMACEUTICAL OR EQUAL	63323-0616-03	no bid	no bid	no bid
2.6	Adenosine 12mg/4mL SDV	EACH	1,176		\$0.00	Not Branded	APP PHARMACEUTICAL OR EQUAL	NDC 63323-651-04	no bid	no bid	no bid
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets) 30 tablets per box.	EACH	300		\$0.00	Not Branded	AUROBINDO OR EQUAL	65862-390-10	no bid	no bid	no bid
2.8	0.9% Sodium Chloride Injection USP 1000mL IV bag	EACH	20,000		\$0.00	Not Branded	B BRAUN OR EQUAL	L8000	no bid	no bid	no bid
2.9	0.9% Sodium Chloride Injection, USP 250mL I V Bag	EACH	8,000		\$0.00	Not Branded	B BRAUN OR EQUAL	L8002	no bid	no bid	no bid
2.10	Sterile Water 500mL Plastic Bottle Container	EACH	3,000		\$0.00	Not Branded	B BRAUN OR EQUAL	R5001-01	no bid	no bid	no bid
2.11	Dextrose 10% in sterile water USP 250mL IV Bag	EACH	3,000		\$0.00	Not Branded	B BRAUN OR EQUAL	(L5202) NDC 00264-7520-20	no bid	no bid	no bid
2.12	Hurricane® Spray 2oz	EACH	144		\$0.00	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02	no bid	no bid	no bid
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300		\$0.00	Not Branded	FOUGERA PHARMACEUTICALS OR EQUAL	NDC 0168-0328-30	no bid	no bid	no bid
2.14	Haloperidol (HALDOL) 5mg / mL, 1mL Vial	EACH	896		\$0.00	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01	no bid	no bid	no bid
2.15	Glucagon Kit: 1 vial containing 1 mg (1 unit) Glucagon (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700		\$0.00	Not Branded	FRESENIUS OR EQUAL	63323-0593-03	no bid	no bid	no bid
2.16	Epinephrine Injection, USP 1mg/10mL (0.1mg/mL) Volume: 10mL, Abboject® Prefilled Syringe	EACH	18000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34	no bid	no bid	no bid

2.17	0.9% Sodium Chloride. 12mL Syringe Filled/ 10mL Luer Lock.	EACH	50.000		\$0.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	8881570121	no bid	no bid	no bid
2.18	NITROMIST Pumpspray	EACH	300		\$0.00	Not Branded	MIST PHARMACEUTICALS OR EQUAL	76299-430-08	no bid	no bid	no bid
2.19	Glucose 15™ Oral Glucose Gel One Unit Dose 15 grams Lemon Flavor	EACH	2,000		\$0.00	Not Branded	PADDAK LABS OR EQUAL	0574-0069-30	no bid	no bid	no bid
2.20	Levophed 1mg/ml 4ml ampoule	EACH	1,500		\$0.00	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25	no bid	no bid	no bid
2.21	Atropine Sulfate Injection, USP 20ml MDV	EACH	1,200		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-8006-01	no bid	no bid	no bid
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10.000		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05	no bid	no bid	no bid

SUBTOTAL FOR CATEGORY 2 = \$0.00

CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	\$1.3236	\$13,236.11	BRANDED	3M	2082	EFA-1083		bx/36
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	\$1.1300	\$45,200.00	BRANDED	3M	1870	EIC-5161		bx/20
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	\$0.4800	\$1,200.00	BRANDED	3M	1626	EFA-3525		bx/50
3.4	Electrodes, Blue Sensor SP	EACH	16,000	\$0.2200	\$3,520.00	BRANDED	AMBU	SP-00-S/50	EDI-313950		pk/50
3.5	C-Collar Adult	EACH	7,000	\$4.7800	\$33,460.00	BRANDED	AMBU	281-000	ECO-3801		ea
3.6	10 Drop Intravenous Set.	EACH	22,500	\$2.8900	\$65,025.00	BRANDED	AMSINO	MRA10E-95	n/s		ea
3.7	60 Drop Intravenous Set. Custom	EACH	5,000	\$5.2200	\$26,100.00	BRANDED	AMSINO	MRSAB0E-88	n/s		ea
3.8	Extension set, SAFEDAY 9 inch	EACH	25,000		\$0.00	BRANDED	B BRAUN	480206	no bid		no bid
3.9	Glucometer Check Strip	EACH	2,500	\$0.2958	\$739.00	BRANDED	BAYER HEALTHCARE	7099C	EFA-400310		bx/50
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	\$0.4340	\$3,038.00	BRANDED	BECTON DICKINSON	303390	EDI-3267		bx/100
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	\$0.5725	\$8,015.00	BRANDED	BECTON DICKINSON	303346	n/s		bx/800
3.12	sharps container 3 gal	EACH	500	\$8.7500	\$4,375.00	Not Branded	BECTON DICKINSON OR EQUAL	305436	EIC-3508	Covidien 8537sa	ea
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff	EACH	720	\$2.4000	\$1,728.00	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	EAW-222002	Amsino 43203-01	ea
3.14	Disposable Pillow 15 ounce fill.17 inches X 24 inches White	EACH	2,000	\$3.6500	\$7,300.00	Not Branded	CARELINE OR EQUAL	089-0715	EIC-5103	medline	non24360
3.15	Tourniquet® (C-A-T®)	EACH	500	\$21.2200	\$10,610.00	BRANDED	COMPOSITE RESOURCE	30-0001	EFA-351520-BK		ea
3.16	Veni-Gard IV Dressing	EACH	33,300	\$0.3122	\$10,396.26	BRANDED	CON-MED	705-4431	EFA-3505		bx/100
3.17	Oral nasal Cannula Smart CapnoLine Plus with O2 Delivery Adult/Intermediate	EACH	45,000	\$8.3200	\$419,400.00	BRANDED	COVIDIAN (ORIDION)	010209	EDI-7126-S		ea
3.18	Sharps Dart, Sharps container with one time lockable seal, 6.5 in 1 1/2" diameter x 6 1/2" inside Length	EACH	15,000	\$1.5400	\$23,100.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	EIC-3511	dynarex 4630	ea
3.19	Tourniquet 1 inch x 18 inch. Light Blue	EACH	36,000	\$0.0814	\$2,930.40	Not Branded	DAWNMIST OR EQUAL	4371	efa-350140	Elastomer P209	pk/250
3.20	Limb Holder 2 each per PAIR	EACH	3,000	\$3.4400	\$10,320.00	BRANDED	DEROYAL	M2052	est-1114		ea

3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious. with Loop-Loc™ ends.	EACH	5,000	\$5.0700	\$25,350.00	BRANDED	DICK MEDICAL	37172 (OR)	EST-1351X		ea
3.22	Krinkle Gauze Roll 4 5in x 4.1yds	EACH	5,500	\$0.6600	\$3,630.00	Not Branded	DYNAREX OR EQUAL	3161	EFA-1008	dukai 845	ea
3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000	\$0.3958	\$3,958.33	Not Branded	DYNAREX OR EQUAL	4512	efa-4200	Emerald Professional ICE59	cs/24
3.24	O.T.D. (OPTIMUM TRACTION DEVICE), Orange	EACH	48	\$74.6400	\$3,582.72	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800	ESP-311001-OR	EP and R EP-800	ea
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	\$688.1200	\$27,524.80	BRANDED	ENGEL	MD14F	EMI-9705		ea
3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175		\$0.00	BRANDED	ETHOX INTERNATIONAL INC	4010	no bid		no bid
3.27	Model 65 Scoop™ Stretcher	EACH	12	\$951.6600	\$11,419.92	BRANDED	FERNO	PT8500	EBB-4904		ea
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	\$1.1500	\$46,000.00	BRANDED	GKR INDUSTRIES	7000 HP	EIC-700015		ea
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$2.9733	\$356,800.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	EIC-187310	Taylor 90-IFRC3650	cs/30
3.30	MegaMover® 1500	EACH	5,000	\$16.4500	\$82,250.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	EBB-4968	graham 51926	ea
3.31	Adult Over-the Ear Cannula Non-flared nasal tips. Standard tubing. 210mm in length	EACH	42,000	\$0.4900	\$20,580.00	BRANDED	HUDSON RCI	1103	EAW-2000-HD		ea
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$0.6400	\$5,312.00	Not Branded	HUDSON RCI OR EQUAL	1060	EAW-2012	ventlab 2101	ea
3.33	Micro Mist® Nebulizer	EACH	2,800	\$0.8900	\$2,492.00	BRANDED	HUDSON RCI	1883	EAW-202401-HD		ea
3.34	Tubing Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.3500	\$2,800.00	Not Branded	HUDSON RCI OR EQUAL	1115	EAW-2030	dyanrex 5101	ea
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$0.4900	\$1,470.00	Not Branded	HUDSON RCI OR EQUAL	1083	EAW-2005	ventlab 2100	ea
3.36	Nitrile Glove, X-Large	EACH	7,000	\$7.7400	\$54,180.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4350	EGL-521814-S	Microflex PN290	bx/180
3.37	Nitrile Glove, Large	EACH	10,000	\$7.7400	\$77,400.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4300	EGL-521813-S	Microflex PN290	bx/200
3.38	Nitrile Glove, Medium	EACH	6,000	\$7.7400	\$46,440.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4200	EGL-521812-S	Microflex PN290	bx/200
3.39	Nitrile Glove, Small	EACH	3,000	\$7.7400	\$23,220.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4100	EGL-521811-S	Microflex PN290	bx/200
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500	\$26.9700	\$40,455.00	BRANDED	INTERSURGICAL INCORPORATED	8705000	EAW-23262601		ea
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500	\$26.9700	\$67,425.00	BRANDED	INTERSURGICAL INCORPORATED	8704030	EAW-23262501		ea
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200	\$26.9700	\$32,364.00	BRANDED	INTERSURGICAL INCORPORATED	8703030	EAW-23262401		ea
3.43	Backboard Lime Green	EACH	30	\$159.8400	\$4,795.20	BRANDED	IRON DUCK	35900	EBB-4700-GR		ea
3.44	All-Purpose Sponges, 4" X 4", 12 Ply, Nonsterile.	EACH	236,000	\$0.0193	\$4,543.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	9024	EFA-1020	Dukai 8510	pk/200
3.45	Fluid Shield Procedure Mask	EACH	9,000	\$0.9156	\$8,240.40	Not Branded	KIMBERLY CLARK OR EQUAL	47137	EIC-517201	Halyard 146	bx/25
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500	\$4.8000	\$36,000.00	BRANDED	LAERDAL	700-00001	EHI-975		ea
3.47	Thomas Select Tube Holder, Adult	EACH	1,200	\$3.0500	\$3,660.00	BRANDED	LAERDAL	600-42500	EAW-2338		ea
3.48	Laerdal Suction Unit	EACH	100	\$915.4100	\$91,541.00	BRANDED	LAERDAL	78002001	EAW-2268		ea
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000	\$0.5598	\$11,196.00	BRANDED	MEDLINE	NON 24335	NON 24335		cs/50

3.50	VIONEX® Antiseptic Towelette. Individually packaged	EACH	50,000	\$0.1950	\$9,750.00	BRANDED	METREX	10-1510	EIC-6406		bx/50
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	\$9.0300	\$10,836.00	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056	EAU-2453		ea
3.52	Adm/Ped filterline set (Airway Adapter Set)	EACH	2,500	\$9.3500	\$23,375.00	BRANDED	ORIDION	XS04620	EDI-7120-S		ea
3.53	Atlas Cervical Collar SIZE. Infant Short	EACH	500	\$3.6500	\$1,825.00	BRANDED	OSSUR PHILADELPHIA ATLAS	PHP-A110	ECO-3790		Philly discontinued- bid Ambu brand- ea
3.54	SMART-BAG® MQ Size Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	\$16.2400	\$32,480.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-CS	EAU-2706		ea
3.55	SMART-BAG® MQ Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	\$16.2400	\$24,360.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-CS	EAU-270610		ea
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	\$33.7700	\$303,930.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS	EAU-29681601		ea
3.57	Unistick® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.1980	\$8,316.00	BRANDED	OWEN MUMFORD	AT 0712	EDI-3288		bx/100
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	\$0.1776	\$355.20	BRANDED	PDI	B10800	EFA-4163		bx/100
3.59	SUPER SANI-CLOTH. 7 5 inches by 15 inches. Tub of X-Large wipes	EACH	900	\$6.9500	\$6,255.00	BRANDED	PDI	Q86984	EIC-410504		tub/65
3.60	Child Restraint Device. Set of three color coded and sized restraint devices, Small, Medium, Large.	EACH	4	\$468.5400	\$1,874.16	BRANDED	QUANTUM EMS	Q-BABY/ADD	EBB-191101		pk/3
3.61	Sam Splints™ Flatfold	EACH	1,400	\$7.9900	\$11,186.00	BRANDED	SAM MEDICAL	SP1121F	ESP-6334		ea
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	\$57.8500	\$6,942.00	BRANDED	SAM MEDICAL	SL556652-LG	ESP-634203		ea
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	\$74.9500	\$8,994.00	BRANDED	SAM MEDICAL	SL556652-SM	ESP-634201		ea
3.64	Safety I.V Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	\$1.3128	\$26,252.00	BRANDED	SMITHS MEDICAL	3086	EDI-3003-PP		bx/50
3.65	Safety I.V Catheter Size: 18G x 1 1/4" Green	EACH	20,000	\$1.3128	\$26,252.00	BRANDED	SMITHS MEDICAL	3065	EDI-3002-PP		bx/50
3.66	I.V Catheter Size: 16G x 1 1/4" Grey	EACH	2,200	\$1.3248	\$2,914.56	BRANDED	SMITHS MEDICAL	3062	EDI-3001-PP		bx/50
3.67	Safety I.V Catheter Size: 22G x 1" Blue	EACH	2,200	\$1.3248	\$2,914.56	BRANDED	SMITHS MEDICAL	3080	EDI-3004-PP		bx/50
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000	\$2.2400	\$6,720.00	BRANDED	SSCOR INC	44241	EAU-2213		ea
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$8.7400	\$69,920.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090	n/s		ea
3.70	Mucosal Atomization Device	EACH	3,000	\$4.8700	\$14,610.00	BRANDED	TELEFEX MEDICAL	MAD300	eaW-202020		ea
3.71	Emergency Blanket. Yellow 58 inches x 90 inches. Poly foam	EACH	2,000	\$3.8400	\$7,680.00	Not Branded	TIDI OR EQUAL	980043	efa-1172	Primacare CB-6821	ea
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$5.1400	\$2,097.12	Not Branded	VERIDIAN OR EQUAL	02-1081	EDI-730000	Medsource MS-BP100	ea
SUBTOTAL FOR CATEGORY 3 =				\$2,394,160.74							

CATEGORY 4 - CONVENIENCE KITS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	\$4.34	\$30,380.00	Not Branded	Vendor Assembled	N/A	n/s	QuadMed	ea

SUBTOTAL FOR CATEGORY 4 =

\$30,380.00

CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only)

The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be

CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only) See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information		
DESCRIPTION	MAXIMUM RESTOCKING FEE PERCENTAGE	
Restocking Fees		
DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED		
DELIVERY METHOD: <input type="checkbox"/> COMMON CARRIER (FedEx,UPS) <input checked="" type="checkbox"/> VENDOR DELIVERY		
COMPANY NAME	QuadMed	
EMAIL ADDRESS	bids@quadmed.com	

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm	QuadMed		
Physical Address	112101 Phillips Industrial Blvd Jax, FL 32256		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No	
or			
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No	
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No	

SUBCONTRACTOR(S):

Name of Local Firm	N/A		
Physical Address			
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No	
or			
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No	

N/A

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	N/A	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference Sheet

Responding Company Name

QuadMed

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name

Tarrant County

Name and Title of Contact

Dana George / Purchasing

Project Name

EMS Supplies

Present Address

200 Felix Gwordz Place

City, State, Zip Code

Fort Worth, TX 76104

Telephone Number

(817) 884-1205 Fax Number ()

Email Address

DGeorge@TarrantCounty.com

2. Company's Name

Williamson County

Name and Title of Contact

Butch Dennis / Purchasing

Project Name

EMS Supplies

Present Address

508 Holly St.

City, State, Zip Code

Georgetown, TX 78626

Telephone Number

(512) 943-1264 Fax Number ()

Email Address

Bdennis@Wilco.org

3. Company's Name

Irving, TX

Name and Title of Contact

Steve Duetsch / Purchasing

Project Name

EMS Supplies

Present Address

3000 Rock Island Rd

City, State, Zip Code

Irving, TX 75060

Telephone Number

(972) 721-4870 Fax Number ()

Email Address

Sduetsch@CityofIrving.org

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, **OR** THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 8th day of May, 2018

CONTRACTOR

Authorized Signature

Title

QuadMed
Jackie Huges
Contract Manager

Section 0835: Non-Resident Bidder Provisions

Company Name Quadmed

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: Nonresident Bidder

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
- (2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: NO Which State: Florida

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: _____

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	QuodMed		
City Vendor ID Code			
Physical Address	11210-1 Phillips Industrial Blvd.		
City, State Zip	Jacksonville, FL 32256		
Phone Number	904-880-2323	Email Address	BIDS@Quodmed.com
Is the Offeror City of Austin M/WBE certified?	<input type="checkbox"/> NO <input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Belzie Girger Contract Mgr

John Yager 5/8/18

Name and Title of Authorized Representative (Print or Type)

Signature/Date

Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM**

Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

- ☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

- ☐ I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;

STEP TWO: Perform Good Faith Efforts (Check List provided below);

STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.**

- ☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.
- ☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

<p>SOLICITATION NUMBER: IFB 9300 EAD0262 SOLICITATION TITLE: EMS Medical Supplies</p>	
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- ☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

- ☐ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

- ☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact
		<input type="checkbox"/> Phone OR <input type="checkbox"/> Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

Reviewing Counselor

Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

Director/Assistant Director or Designee

Date



**ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS**

Solicitation: IFB 9300 EAD0262

Addendum No: 1

Date of Addendum: May 4, 2018

This addendum is to incorporate the following changes to the above referenced solicitation:

- I. **Clarifications:** Strike the information on Section 0600 Bid Sheet that states: An Offeror shall bid on all sections of a category in order to be considered for award of that category.

The City does NOT require an Offeror to bid on all sections of any of the categories to be considered for award. However, the City reserves the right to award in whichever method is most advantageous to the City.

II. **Questions:**

(Q1) If there are terms and conditions a Vendor may not be able to agree to will the City consider exceptions to terms and conditions?

(A1) No

(Q2) Specifically, if there are insurance requirements that a Vendor may not be able to agree to will the City consider exceptions to insurance terms and conditions?

(A2) No

(Q3) Would a Vendor's use of self/captive insurance be deemed to satisfy the insurance requirements of the resulting contract?

(A3) Only if they meet all of the requirements outlined in Section 0400, Item 3, and approved by the City's Risk Manager.

(Q4) If the Vendor does not have a published list price, will the City as an alternative accept Vendor's Internal (non-published) Government List Price which is a price for commercial items. Offeror's Internal Government List Price reflects market and manufacturer price adjustments (increases or decreases) for items sold to both Government and Commercial Customers so the price being offered to the City will reflect changes in the marketplace?

(A4) Only if a copy can be provided to the City and meet all of the requirements listed in Section 0400, Item 11.

(Q5) Could you please provide an example or link to the INNOVATIVE HEALTHCARE OR EQUAL NEP4350, NEP4300, NEP4200 and NEP4100 gloves?

(A5) <https://ihcsolutions.com/product/182-nitriderm-ep-nitrile-exam-gloves-extended-cuff/>. The item numbers have changed to 182050 (XS), 182100 (S), 182200 (M), 182300 (L), 182350 (XL), 182400 (XXL). Please update bid submissions for items 3.36 through 3.39 in Section 0600 Bid Sheet to the new item numbers above.

(Q6) The section requiring a % off of list, Attachment A. Manufacturers do not have a MFG List price, what will you be using to determine this?

(A6) Please list the catalog discount percent your firm is offering off of the manufacturer's list price.

(Q7) Section 900 Subcontracting, since there are no subcontracting goals for this Solicitation, would we just skip 0905 and not answer any of the questions?

(A7) If your firm does not intend to subcontract, check the no box on Section 0900 Subcontracting/Sub-consulting Utilization Form and fill out the Offeror Information. If you do not intend to subcontract then Section 0905 Subcontracting/Sub-consulting Utilization Plan is not required to be filled out and returned.

(Q8) Section 0400 #10 Hazardous Materials, do you want all MSDS sheets submitted with the bid, or only if awarded those particular items that require this?

(A8) As requested by the City, the Contractor shall provide the MSDS online or will provide a hard copy for each order.

(Q9) Published Price Lists: If the manufacturer doesn't provide a price list for the discount, how do we respond to this?

(A9) List 0%.

(Q10) Economic Price Adjustments: Will the City accept documented price increase letters from the manufacturer if there is one, or will the City follow D Indexes and E Calculation for adjustments only?

(A10) Per Section 0400 Supplemental Purchasing Provisions, Item 13.F "If the requested adjustment is not supported by the referenced index, the City, at its sole discretion, may consider approving an adjustment on fully documented market increases."

(Q11) Regarding Section 0500 Specifications, Item 3.2, does the City required a letter from each manufacturer represented in Categories 1-4, to be submitted at the time the bid is submitted?

(A11) Yes. Or, a business memo listing all manufacturer or branded products the company is authorized to distribute signed by the business CEO, President, or equal position will suffice.

(Q12) Regarding Section 0500 Specifications 4.1-4.13, does the City need proof/acknowledgement of each point with bid submission?

(A12) Yes. Same answer as A11.

(Q13) Normally when a tourniquet is requested there is also a request for hemostatic gauze as well. Is this something that is being added to the bid?

(A13) The City is not requesting this as a line item on the bid sheet.

(Q14) Which inventory management system is the City of Austin currently using for their EMS supplies?

(A14) Maximo for inventory management.

(Q15) Who does the City currently use for reverse distribution?


(A15) The City is not currently using reverse distribution for medical supplies or pharmaceuticals.

(Q16) We are unable to find more information on the item numbers given for lines 3.36 through 3.39.

(A16) Please see A5 above.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

APPROVED BY:


Erin D'Vincent, Procurement Specialist IV
Purchasing Office, 512-974-3070

5/4/18

Date

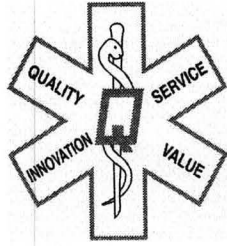
ACKNOWLEDGED BY:

Jackie Cingur
Name

Jackie Cingur
Authorized Signature

5/8/18
Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.



QuadMed, Inc.
Emergency Medical Products
P. O. Box 550773 Jacksonville, FL
32255-0773
PH 800-933-7334 Fax 877-367-7759

Due May 10th 2pm

Per section 15: RFID labeling Service under contract IFB 9300 EAD00262

QuadMed has the ability to provide this service

Thanks,
Jackie Gieger

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
Bound Tree Medical, LLC ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between Bound Tree Medical, LLC having offices at 5000 Tuttle Crossing Blvd, Dublin, OH 43016 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference
- 1.1.3 Bound Tree's Offer, dated May 8, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68

Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58

Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70

QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,

Boundtree – Items 3.17, 3.29, 3.31, 3.63, 3.72

Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.47,

Southern Safety – Items 3.5, 3.33, 3.50, 3.57

Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

BOUND TREE MEDICAL, LLC

CITY OF AUSTIN

Rhiannon Greene

Erin D'Vincent

Printed Name of Authorized Person

Printed Name of Authorized Person

Signature

Signature

Senior Vice President, Pricing

Procurement Supervisor

Title:

Title:

04/05/2019

4-12-19

Date:

Date:

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: Bound Tree Medical, LLC

Company Address: 5000 Tuttle Crossing Blvd.

City, State, Zip: Dublin, Ohio 43016

Federal Tax ID N

Printed Name of Officer or Authorized Representative: Mark Dougherty

Title: Treasurer and Secretary

Signature of Officer or Authorized Representative: 

Date: 05/08/2018

Email Address: Submitbids@boundtree.com

Phone Number: 800.533.0523

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**



**BID SHEET
CITY OF AUSTIN
EMS MEDICAL SUPPLIES**

SOLICITATION NO.: IFB 9300 EAD0262

BUYER: Erin D'Vincent

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

A bid of "0" (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of "no bid" or no response (space left blank) will be interpreted by the City that the Offeror does not wish to bid on that item. Be advised, a "no bid" or no response may be considered as non-responsive and may result in disqualification of the bid.

Prices offered on the bid sheet shall be all inclusive of fees not expressly allowed in Section 0500. The Offeror shall not charge separately for administrative, overhead, per diem, and shipping or transportation costs (travel time, fuel surcharges, mileage, stop-fee, etc.) to deliver services or items to the Austin, Texas area. The Offeror shall provide all tools, labor, travel, and equipment necessary to perform the services required under this contract.

Items listed as branded shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded. If bidding a substitute product, please indicate the proposed substitution in Column L.

The City intends to award multiple awards based on categories of specific line items, pricing, or any criteria or combination deemed most advantageous to the City. An Offeror shall bid on all sections of a category in order to be considered for award of that category.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate, Strength (0.05mg/mL) 0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 041602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate, Strength (0.05mg/mL) 0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$1.93	\$23,138.40	Not Branded	WestWard OR EQUAL	NDC 041602725	0027-25		25/BX
1.2	Midazolam (Versed) 5mg/mL 1m SDV Class III	EACH	6,000	\$1.23	\$7,407.60	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01	2308-01		10/BX
1.3	Ketamine, 5-mL multi-dose vial 100 mg/mL CLASS III	EACH	1,200	\$10.66	\$12,788.40	Not Branded	WestWard OR EQUAL	0143-9509-10	2051-05	PFIZER INC. (HOSPIRA)	10/BX
SUBTOTAL FOR CATEGORY 1 =				\$43,334.40							

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104	\$10.38	\$11,459.52	Not Branded	ABBOTT LABS OR EQUAL	74-0637-34	376637	PFIZER INC. (HOSPIRA)	1/EA
2.2	2% Lidocaine HCl Injection, USP 100mg/5mL, LifeShield, Luer lock adapter with 20g protected needle	EACH	996	\$3.59	\$3,575.64	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34	374904	PFIZER INC. (HOSPIRA)	1/EA
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL Vial	EACH	1,500	\$39.58	\$59,370.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1409-5 or NDC 76329-3369-1	1409-1		1/EA
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe, Luer lock.	EACH	450	\$12.32	\$5,544.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01	373304		1/EA
2.5	Amiodarone Hydrochloride Injection 150mg/3mL (50mg/ mL) SDV	EACH	1,160	\$1.83	\$2,122.80	Not Branded	PHARMACEUTICAL OR EQUAL	03323-0818-03	0818-03		1/EA
2.6	Adenosine 12mg/4mL SDV	EACH	1,176	\$13.66	\$16,061.81	Not Branded	PHARMACEUTICAL OR EQUAL	NDC 03323-051-04	0851-04		1/EA
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.	EACH	300	\$0.16	\$49.17	Not Branded	AUROBINDO OR EQUAL	05862-390-10	5265-64	CAPITAL WHOLESAL DRUG	30/BX
2.8	0.9% Sodium Chloride Injection USP. 1000mL IV bag.	EACH	20,000	\$2.39	\$47,820.00	Not Branded	B.BRAUN OR EQUAL	L8000	7800-09		1/EA
2.9	0.9% Sodium Chloride Injection, USP. 250mL I/V Bag	EACH	8,000	\$2.27	\$18,120.00	Not Branded	B.BRAUN OR EQUAL	L8002	358002		1/EA
2.10	Sterile Water 500mL Plastic Bottle Container	EACH	3,000	\$1.62	\$4,867.20	Not Branded	B.BRAUN OR EQUAL	R5001-01	355001		1/EA
2.11	Dextrose 10% in sterile water USP 250mL IV Bag	EACH	3,000	\$2.12	\$6,367.50	Not Branded	B.BRAUN OR EQUAL	(L5202) NDC 00264-7520-20	7520-20		1/EA
2.12	Hurricane® Spray, 2oz	EACH	144	\$36.10	\$5,197.68	Not Branded	BEUTICK PHARMACEUTICALS OR EQUAL	283-0670-02	37501		1/EA
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300	\$38.95	\$11,686.02	Not Branded	PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30	373830	CARDINAL HEALTH-PHARMA	1/EA
2.14	Haloperidol (HALDOL) 5mg / mL, 1mL Vial	EACH	698	\$7.59	\$5,285.98	Not Branded	FRESENIUS OR EQUAL	NDC 03323-474-01	373474		1/EA
2.15	Glucagon Kit: 1 vial containing 1 mg (1 unit) Glucagon (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0285-04	EACH	700	\$197.87	\$138,509.00	Not Branded	FRESENIUS OR EQUAL	03323-0503-03	0593-03		1/EA

2.16	Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL, Abboject® Prefilled Syringe	EACH	18000	\$8.64	\$155,520.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34	373316		1/EA
2.17	0.9% Sodium Chloride, 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000	\$0.65	\$32,430.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	8881570121	47-8881570121BX		30/BX
2.18	NITROMIST Pumpspray	EACH	300	\$169.00	\$50,700.00	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08	1911-43008		1/EA
2.19	Glucose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000	\$3.91	\$7,826.40	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30	J2208	PERRIGO PHARMACEUTICALS (MINNESOTA)	1/EA
2.20	Levophed. 1mg/ml, 4ml ampoule.	EACH	1,500	\$24.37	\$36,559.35	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25	3375-04		1/EA
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200	\$51.57	\$61,884.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-6006-01	6006-10		1/EA
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000	\$0.56	\$5,640.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05	4755-02	PFIZER INC. (HOSPIRA)	1/EA
SUBTOTAL FOR CATEGORY 2 =				\$686,596.06							
CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	\$1.99	\$19,880.56	BRANDED	3M	2082	1121-08220		36/CS
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	\$1.28	\$51,171.50	BRANDED	3M	1870	1031-87010		20/BX
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	\$1.42	\$3,547.83	BRANDED	3M	1626	351626		50/BX
3.4	Electrodes, Blue Sensor SP	EACH	18,000	\$0.26	\$4,097.02	BRANDED	AMBU	SP-00-S/50	230500		50/PK
3.5	C-Collar, Adult	EACH	7,000	\$4.90	\$34,326.60	BRANDED	AMBU	281-000	260281		1/EA
3.6	10 Drop Intravenous Set.	EACH	22,500	\$2.97	\$66,933.00	BRANDED	AMSINO	MRA10E-95	1712-99134		50/CS
3.7	60 Drop Intravenous Set. Custom	EACH	5,000	\$5.48	\$27,390.00	BRANDED	AMSINO	MRSAB0E-88	1712-61202		1/EA
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000	\$1.67	\$41,722.58	BRANDED	B.BRAUN	480206	1714-80206		1/EA
3.9	Glucometer Check Strip	EACH	2,500	\$0.33	\$820.50	BRANDED	BAYER HEALTHCARE	7099C	2763-09950		50/BX
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	\$0.44	\$3,080.00	BRANDED	BECTON DICKINSON	303390	G4128		1/EA
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	\$0.47	\$6,561.80	BRANDED	BECTON DICKINSON	303346	C012387		100/BX
3.12	sharps container 3 gal	EACH	500	\$9.39	\$4,694.24	Not Branded	BECTON DICKINSON OR EQUAL	305436	F012802		1/EA
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720	\$2.83	\$2,040.26	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	598041		1/EA
3.14	Disposable Pillow 15 ounce fill, 17 inches X 24 inches, White.	EACH	2,000	\$2.30	\$4,600.60	Not Branded	CARELINE OR EQUAL	089-0715	206-089-7015EA		1/EA
3.15	Tourniquet® (C-A-T®)	EACH	500	\$22.78	\$11,390.00	BRANDED	COMPOSITE RESOURCE	30-0001	1880-13022		1/EA
3.16	Vent-Gard IV Dressing	EACH	33,300	\$0.36	\$11,988.00	BRANDED	CON-MED	705-4431	354431		100/BX
3.17	Oral nasal Cannula, Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000	\$8.57	\$385,425.00	BRANDED	COVIDIAN (ORIDION)	010209	177653		1/EA
3.18	Sharps Dart, Sharps container with one time lockable seal, 6.5 in 1½" diameter x 6½" inside Length	EACH	15,000	\$1.27	\$19,050.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	64250	CURAPLEX	1/EA
3.19	Tourniquet. 1 inch x 18 inch, Light Blue	EACH	36,000	\$0.07	\$2,637.36	Not Branded	DAWNMIST OR EQUAL	4371	1841-14000	CURAPLEX	250/BG
3.20	Limb Holder 2 each per PAIR	EACH	3,000			BRANDED	DEROYAL	M2052	No Bid		No Bid
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious, with Loop-Loc™ ends.	EACH	5,000	\$5.69	\$28,450.00	BRANDED	DICK MEDICAL	37172 (OR)	3173-17215		1/EA
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500	\$0.64	\$3,520.00	Not Branded	DYNAREX OR EQUAL	3161	8393		1/EA
3.23	Cold Compress, Instant. 5 inch X 9 inch	EACH	10,000	\$0.34	\$3,400.00	Not Branded	DYNAREX OR EQUAL	4512	1431-18002	CURAPLEX	1/EA
3.24	O.T.D. (OPTIMUM TRACTION DEVICE), Orange	EACH	48	\$72.98	\$3,503.04	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800	12656ML		1/EA
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	\$615.39	\$24,615.71	BRANDED	ENGEL	MD14F	1890-01406		1/EA

3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175	\$31.00	\$5,425.00	BRANDED	ETHOX INTERNATIONAL INC	4010	354010		1/EA
3.27	Model 65 Scoop™ Stretcher	EACH	12	\$429.00	\$5,148.00	BRANDED	FERNO	PT6500	680035		1/EA
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	\$0.41	\$16,299.20	BRANDED	GKR INDUSTRIES	7000 HP	1071-10212		25/PK
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$1.25	\$150,360.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	3271-62602	CURAPLEX	30/CS
3.30	MegaMover® 1500	EACH	5,000	\$12.97	\$64,850.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	3246-12345	CURAPLEX	1/EA
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000	\$0.24	\$10,080.00	BRANDED	HUDSON RCI	1103	30050		1/EA
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$0.98	\$8,112.42	Not Branded	HUDSON RCI OR EQUAL	1080	D8144		1/EA
3.33	Micro Mist® Nebulizer	EACH	2,800	\$0.80	\$2,234.99	BRANDED	HUDSON RCI	1883	411883		1/EA
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.27	\$2,172.00	Not Branded	HUDSON RCI OR EQUAL	1115	87-3007EA	CURAPLEX	1/EA
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$0.45	\$1,352.07	Not Branded	HUDSON RCI OR EQUAL	1083	A03751-1		1/EA
3.36	Nitrile Glove. X-Large	EACH	7,000	\$0.10	\$671.30	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4350	1015-18904		100/BX
3.37	Nitrile Glove. Large	EACH	10,000	\$0.10	\$959.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4300	1015-18903		100/BX
3.38	Nitrile Glove. Medium	EACH	6,000	\$0.10	\$575.40	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4200	1015-18902		100/BX
3.39	Nitrile Glove. Small	EACH	3,000	\$0.10	\$287.70	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4100	1015-18901		100/BX
3.40	I-gel O2 Resus Pack. Large adult.	EACH	1,500	\$24.71	\$37,065.00	BRANDED	INTERSURGICAL INCORPORATED	8705000	2114-87303		1/EA
3.41	I-gel O2 Resus Pack. Medium adult.	EACH	2,500	\$24.71	\$61,775.00	BRANDED	INTERSURGICAL INCORPORATED	8704030	2114-87302		1/EA
3.42	I-gel O2 Resus Pack. Small adult.	EACH	1,200	\$24.71	\$29,652.00	BRANDED	INTERSURGICAL INCORPORATED	8703030	2114-87301		1/EA
3.43	Backboard Lime Green	EACH	30	\$129.59	\$3,887.66	BRANDED	IRON DUCK	35900	265900LG		1/EA
3.44	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.	EACH	236,000	\$0.02	\$4,118.20	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	9024	080114		200/BG
3.45	Fluid Shield Procedure Mask	EACH	9,000	\$1.35	\$12,117.81	Not Branded	KIMBERLY CLARK OR EQUAL	47137	108-47137BX		25/BX
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500	\$4.26	\$31,982.70	BRANDED	LAERDAL	700-00001	280975		1/EA
3.47	Thomas Select Tube Holder, Adult	EACH	1,200	\$3.61	\$4,335.31	BRANDED	LAERDAL	800-42500	2130-42500		1/EA
3.48	Laerdal Suction Unit	EACH	100	\$789.00	\$78,900.00	BRANDED	LAERDAL	78002001	L780020		1/EA
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000	\$0.60	\$11,943.83	BRANDED	MEDLINE	NON 24335	E3151		50/CS
3.50	VIONEX® Antiseptic Towelette. Individually packaged	EACH	50,000	\$0.22	\$11,083.62	BRANDED	METREX	10-1510	205100		50/BX
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	\$8.80	\$10,563.24	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056	NARZZ-0056		1/EA
3.52	AditPed filterline set (Airway Adapter Set)	EACH	2,500	\$12.79	\$31,975.00	BRANDED	ORIDION	XS04620	M1921A		1/EA
3.53	Atlas Cervical Collar. SIZE: Infant Short	EACH	500			BRANDED	USSUR PHILADELPHIA ATLAS	PHP-A110	No Bid		No Bid
3.54	SMART-BAG MO Size Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	\$20.65	\$41,303.60	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs	674-01BM3201MOEA		1/EA
3.55	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	\$21.90	\$32,852.22	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs	674-01BM3211MOEA		1/EA
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	\$42.90	\$386,106.84	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS	2430-21202		10/CS
3.57	Unistix® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.17	\$7,158.90	BRANDED	OWEN MUMFORD	AT 0712	675-AT0712		100/BX
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	\$0.16	\$314.00	BRANDED	PDI	B10800	B10800		1000/CS
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900	\$0.11	\$100.96	BRANDED	PDI	Q86984	286984		65/TB
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4	\$759.00	\$3,036.00	BRANDED	QUANTUM EMS	Q-BABY/ADD	3250-01034		1/EA
3.61	Sam Splints™ Flatfold	EACH	1,400	\$7.20	\$10,083.50	BRANDED	SAM MEDICAL	SP1121F	661121F		1/EA
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	\$57.45	\$6,894.00	BRANDED	SAM MEDICAL	SL556652-LG	665567		1/EA
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	\$53.57	\$6,428.40	BRANDED	SAM MEDICAL	SL556652-SM	665565		1/EA

3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	\$1.79	\$35,846.00	BRANDED	SMITHS MEDICAL	3066	353066		1/EA
3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000	\$1.79	\$35,846.00	BRANDED	SMITHS MEDICAL	3065	353065		1/EA
3.66	I.V. Catheter Size: 18G x 1 1/4" Grey	EACH	2,200	\$1.79	\$3,943.06	BRANDED	SMITHS MEDICAL	3062	353062		1/EA
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200	\$1.79	\$3,943.06	BRANDED	SMITHS MEDICAL	3060	353060		1/EA
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000	\$1.84	\$5,520.00	BRANDED	SSCOR INC	44241	584241		1/EA
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$12.18	\$97,440.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090	11222NV		1/EA
3.70	Mucosal Atomization Device	EACH	3,000	\$6.54	\$19,614.87	BRANDED	TELEFEX MEDICAL	MAD300	400125		1/EA
3.71	Emergency Blanket, Yellow 58 inches x 90 inches. Poly foam.	EACH	2,000	\$1.64	\$3,280.00	Not Branded	TIDI OR EQUAL	980043	16570	CURAPLEX	1/EA
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$4.52	\$1,844.16	Not Branded	VERIDIAN OR EQUAL	02-1081	36012	CURAPLEX	1/EA

SUBTOTAL FOR CATEGORY 3 = \$2,064,327.60

CATEGORY 4 - CONVENIENCE KITS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	\$6.89	\$48,230.00	Not Branded	Vendor Assembled	N/A	Custom Kit	Custom Kit	1/EA

SUBTOTAL FOR CATEGORY 4 = \$48,230.00

CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only)

The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be fixed throughout the term of the Contract including any subsequent extension periods.

This information will not be used in the evaluation of the bid but is for informational purposes only and there is no guarantee of purchase. Information should be included on Attachment A.

CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only)

See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information

DESCRIPTION	MAXIMUM RESTOCKING FEE PERCENTAGE
Restocking Fees	15% for Items returned 31-60 days

DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED

DELIVERY METHOD: ☒ COMMON CARRIER (FedEx,UPS) ☐ VENDOR DELIVERY

COMPANY NAME:	Bound Tree Medical, LLC
EMAIL ADDRESS:	SubmitBids@Boundtree.com

Item List for City of Austin
Solicitation No. IFB 9300 EAD0262 "EMS Medical Supplies"

Cust Item #	Cust UoM	Cust Description	BT Item	BT Description	Vendor Name	Quoted Price	Selling U/M
1	NDC 641602725	1/EA Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II; Mfg: WestWard OR EQUAL	6027-25	C2 Fentanyl, 0.05Mg/MI, 2MI Vial, 25/Bx With Safety Seal	WEST-WARD PHARMACEUTICAL CORP.	\$48.20	25/BX
2	NDC 0409-2308-01	1/EA Midazolam (Versed) 5mg/ml. 1m SDV. Class III; Mfg: HOSPIRA OR EQUAL	2308-01	C4 Midazolam 5Mg, 1MI Vial 10/Bx	PFIZER INC. (HOSPIRA)	\$12.35	10/BX
3	0143-9509-10	1/EA Ketamine. 5-mL multi-dose vial 100 mg/mL. CLASS III; Mfg: WestWard OR EQUAL	2051-05	C3 Ketamine 100Mg/MI, 5MI Vial, 10/Bx	PFIZER INC. (HOSPIRA)	\$106.57	10/BX
4	74-6637-34	1/EA 8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle; Mfg: ABBOTT LABS OR EQUAL	376637	Sodium Bicarbonate 8.4% Lifeshield Syringe 1035A 10Ea/Bx	PFIZER INC. (HOSPIRA)	\$10.38	1/EA
5	74-4903-34	1/EA 2% Lidocaine HCl Injection, USP 100mg/5ml, LifeShield, Luer lock adapter with 20g protected needle; Mfg: ABBOTT LABS OR EQUAL	374904	Lidocaine 2% 100Mg 5MI Lifeshield Syringe 1026A 10Ea/Bx	PFIZER INC. (HOSPIRA)	\$3.59	1/EA
6	NDC 76329-1469-5	1/EA (Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL. Vial; Mfg: AMPHASTAR-IMS OR EQUAL	1469-1	Naloxone 2Mg, 2MI Prefilled Fixed Needle Syringe 10Ea/Pk	IMS LIMITED	\$39.58	1/EA
7	NDC 0548-3304-01	1/EA Calcium Chloride 10% (1 gr/10mL prefilled syringe. Luer lock.; Mfg: AMPHASTAR-IMS OR EQUAL	373304	Calcium Chloride 1Gm, 10MI Luer Jet 1010B	IMS LIMITED	\$12.32	1/EA
8	63323-0616-03	1/EA Amiodarone Hydrochloride Injection 150mg/3ml (50mg/ mL) SDV; Mfg: APP PHARMACEUTICAL OR EQUAL	0616-03	Amiodarone 150Mg 3MI Vial	FRESENIUS	\$1.83	1/EA
9	NDC 63323-651-04	1/EA Adenosine 12mg/4ml. SDV; Mfg: APP PHARMACEUTICAL OR EQUAL	0651-04	Adenosine 12Mg 4MI Sdv 10/Bx 2001A	FRESENIUS	\$13.66	1/EA
10	65862-390-10	1/EA Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.; Mfg: AUROBINDO OR EQUAL	5265-64	Ondansetron 4Mg Dissolve Tabs 30Ud, Individually Sealed In A Foil Sheet	CAPITAL WHOLESALE DRUG	\$4.92	30/BX
11	L8000	1/EA 0.9% Sodium Chloride Injection USP. 1000ml. IV bag.; Mfg: B.BRAUN OR EQUAL	7800-09	Iv Solution, Sodium Chloride 0.9% 1000MI Bag 12Ea/Cs E8000	B. BRAUN MEDICAL, INC	\$2.39	1/EA
12	L8002	1/EA 0.9% Sodium Chloride Injection, USP. 250ml I.V Bag; Mfg: B.BRAUN OR EQUAL	358002	Iv Solution, Sodium Chloride 0.9% 250MI Bag 24Ea/Cs Bbraun L8002	B. BRAUN MEDICAL, INC	\$2.27	1/EA
13	R5001-01	1/EA Sterile Water 500ml. Plastic Bottle Container; Mfg: B.BRAUN OR EQUAL	355001	Sterile Water For Irrigation 500MI 16Ea/Cs Bbraun	B. BRAUN MEDICAL, INC	\$1.62	1/EA
14	(L5202) NDC 00264-7520	1/EA Dextrose 10% in sterile water USP 250ml. IV Bag; Mfg: B.BRAUN OR EQUAL	7520-20	Iv Solution, Dextrose 10% 250MI Bag 24Ea/Cs	B. BRAUN MEDICAL, INC	\$2.12	1/EA
15	283-0679-02	1/EA Hurricaine® Spray. 2oz; Mfg: BEUTLICH PHARMACEUTICALS OR EQUAL	37501	Hurricane Spray 2 Oz Cherry W/ 1 Extension Tube 12/Cs	BEUTLICH PHARMACEUTICALS	\$36.10	1/EA
16	NDC 0168-0326-30	1/EA Nitroglycerin Ointment USP, 2% 30 gram tube; Mfg: FOUGERA PHARMACEUTICALS OR EQUAL	373830	Nitroglycerine 2% Ointment 30Gm 2091, Includes Rolled, Permeable Paper For Measurement	CARDINAL HEALTH-PHARMA	\$38.95	1/EA
17	NDC 63323-474-01	1/EA Haloperidol (HALDOL) 5mg / mL. 1mL. Vial; Mfg: FRESENIUS OR EQUAL	373474	Haloperidol 5Mg 1MI Vial 2054	FRESENIUS	\$7.59	1/EA
18	63323-0593-03	1/EA GlucaGen Kit: 1 vial containing 1 mg (1 unit) GlucaGen (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Wat	0593-03	Glucagon Kit 1Mg, Contains 1 Vial - 1Mg Glucagon And 1 Vial -1MI Sterile Water	FRESENIUS	\$197.87	1/EA
19	NDC 0409-4921-34	1/EA Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL. Abboject* Prefilled Syringe; Mfg: HOSPIRA OR EQUAL	373316	Epinephrine 1:10000, 1Mg, 10MI Luer Jet 1019B 10Ea/Pk	IMS LIMITED	\$8.64	1/EA
20	8881570121	1/EA 0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.; Mfg: KENDALL TYCO HEALTHCARE OR EQUAL	47-8881570121BX	Iv Flush Syringe, Normal Saline, 10MI Fill In A 12Cc Syringe, Sterile, 30/Bx 6Bx/Cs	COVIDIEN	\$19.46	30/BX
21	76299-430-08	1/EA NITROMIST Pumpspray; Mfg: MIST PHARMACEUTICALS OR EQUAL	1911-43008	Nitromist 400Mcg Spray 8.5Gm Bottle 230 Metered Doses	MIST PHARMACEUTICALS, LLC	\$169.00	1/EA
22	0574-0069-30	1/EA Glutose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor; Mfg: PADDACK LABS OR EQUAL	J2208	Glucose Tube Unit Dose 400/Cs Glutose-15 0069-15	PERRIGO PHARMACEUTICALS (MINNESOTA DIVISION)	\$3.91	1/EA
23	NDC 0409-1443-25	1/EA Levophed. 1mg/ml. 4ml ampoule.; Mfg: PFIZER OR EQUAL	3375-04	Levophed 0.1% 4Mg, 4MI Vial 10Ea/Bx	PFIZER INC. (HOSPIRA)	\$24.37	1/EA
24	0641-6006-01	1/EA Atropine Sulfate Injection, USP. 20ml MDV; Mfg: WEST-WARD PHARMACEUTICALS OR EQUAL	6006-10	Atropine 8Mg 20MI Vial 10Ea/Bx	WEST-WARD PHARMACEUTICAL CORP.	\$51.57	1/EA

Item List for City of Austin
Solicitation No. IFB 9300 EAD0262 "EMS Medical Supplies"

25	NDC 0143-9891-05	1/EA	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial; Mfg: WEST-WARD PHARMACEUTICALS OR EQUAL	4755-02	Ondansetron 4Mg 2Ml Vial 25Ea/Bx	PFIZER INC. (HOSPIRA)	\$0.56	1/EA
26	2082	1/EA	Coban™ Self-Adherent Wrap. 2 inch x 5 yard; Mfg: 3M	1121-08220	Bandage, Cohesive, Coban, Tan, 2 In X 5 Yd Fully Stretched, Latex Free, Non-Sterile, 36/Cs	3M HEALTH CARE	\$71.57	36/CS
27	1870	1/EA	Health Care Particulate Respirator and Surgical Mask; Mfg: 3M	1031-87010	Particulate Respirator, 3M Aura 1870+ N95, Std Size Mask, Flat Fold, White, Nosefoam 20/Bx 6Bx/Cs	3M HEALTH CARE	\$25.59	20/BX
28	1626	1/EA	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch; Mfg: 3M	351626	Transparent Film Dressing, Tegaderm, 4 In X 4 3/4 In, Frame Style, 50/Bx 4Bx/Cs	3M HEALTH CARE	\$70.96	50/BX
29	SP-00-S/50	1/EA	Electrodes, Blue Sensor SP.; Mfg: AMBU	230500	Electrodes, Bluesensor Sp, Medium Size, Pediatric/Adult, Foam 50/Pk 20Pk/Bx 2Bx/Cs	AMBU	\$12.80	50/PK
30	281-000	1/EA	C-Collar. Adult; Mfg: AMBU	260281	Extraction Collar, Ambu Perfit Ace, Adult, Adjustable 16 Settings 30Ea/Cs	AMBU	\$4.90	1/EA
31	MRA10E-95	1/EA	10 Drop Intervenous Set.; Mfg: AMSINO	1712-99134	Iv Admin Set, 10 Drop, 95 In, Luer Lock, Rotating Luer, Ext 50/Cs	AMSINO INTERNATIONAL INC	\$148.74	50/CS
32	MRSA60E-88	1/EA	60 Drop Intervenous Set. Custom; Mfg: AMSINO	1712-61202	Iv Admin Set, 60 Drop, 88 In, W/Pre-Slit Port, 2 Luer Lock Connectors, Rotating Luer, 1 Ext 50Ea/Cs	AMSINO INTERNATIONAL INC	\$5.48	1/EA
33	480206	1/EA	Extension set, SAFEDAY, 9 inch; Mfg: B.BRAUN	1714-80206	Iv Extension Set 9 In With Removable Luer Lock (Safeday) 50Ea/Cs	B. BRAUN MEDICAL, INC	\$1.67	1/EA
34	7099C	1/EA	Glucometer Check Strip; Mfg: BAYER HEALTHCARE	2763-09950	Contour Blood Glucose Test Strips 50/Bx 24Bx/Cs	ASCENSIA DIABETES CARE	\$16.41	50/BX
35	303390	1/EA	BD® Twin Pack™ BD® Interlink® System; Mfg: BECTON DICKINSON	G4128	Drug Vial Adapter Dual Cannula Device 100/Bx 10Bx/Cs Twinpak	BECTON DICKINSON	\$0.44	1/EA
36	303346	1/EA	17g x 3 mL Syringe BD Blunt Plastic Cannula; Mfg: BECTON DICKINSON	C012387	Syringe W/Twinpak Dual Cannula Device, 3Cc, 20 Ga Steel And 17 Ga Blunt Plastic Cannula 100/Bx 4Bx/C	BECTON DICKINSON	\$46.87	100/BX
37	305436	1/EA	sharps container 3 gal; Mfg: BECTON DICKINSON OR EQUAL	F012602	Sharps Containers Patient Room Horizontal Red 10/Cs	BECTON DICKINSON	\$9.39	1/EA
38	484410	1/EA	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.; Mfg: BEMIS HEALTHCARE OR EQUAL	598041	Suction Canister Disposable Rigid Green Top 1200Cc 48/Cs Hi-Flow	BEMIS MANUFACTURING COMPANY	\$2.83	1/EA
39	089-0715	1/EA	Disposable Pillow 15 ounce fill. 17 inches X 24 inches. White.; Mfg: CARELINE OR EQUAL	206-089-7015EA	Pillow, Disposable, 18X24, 16 Oz., Polyester Fill, Vinyl Based Soft 12/C	CARE LINE INC.	\$2.30	1/EA
40	30-0001	1/EA	Tourniquet® (C-A-T®); Mfg: COMPOSITE RESOURCE	1880-13022	Combat Application Tourniquet (Cat) Tactical Black, Gen 7, One-Handed Tourniquet - Windlass System	NORTH AMERICAN RESCUE PRODUCTS	\$22.78	1/EA
41	705-4431	1/EA	Veni-Gard IV Dressing; Mfg: CON-MED	354431	Intravenous (Iv) Dressing Transparent Adult 100/Bx 5Bx/Cs Veni-Gard	CONMED CORPORATION	\$36.00	100/BX
42	010209	1/EA	Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.; Mfg: COVIDIAN (ORIDION)	177653	Smart Capnoline Plus Non Intubated Oral Nasal, Adult/Intermediate W/ O2 Connector No Tubing100ea/Bx	COVIDIEN	\$8.57	1/EA
43	MS-64250	1/EA	Sharps Dart, Sharps container with one time lockable seal, 6.5 in 1½" diameter x 6½" Inside Length; Mfg: CURAPLEX/ MEDLINE OR EQUAL	64250	Curaplex Sharps Solo, Sharps Container With One Time Lockable Seal, 6.5 In 24Ea/Cs	CURAPLEX BY BOUNDTREE	\$1.27	1/EA
44	4371	1/EA	Tourniquet. 1 inch x 18 inch. Light Blue; Mfg: DAWNMIST OR EQUAL	1841-14000	Curaplex Tourniquet 1" X 18", Blue, Rolled, Latex-Free 250/ Bg 2Bg /Cs	CURAPLEX BY BOUNDTREE	\$18.32	250/BG
45	M2052	1/EA	Limb Holder 2 each per PAIR; Mfg: DEROYAL	No Bid	Not Bidding On This Item	No Bid	No Bid	No Bid
46	37172 (OR)	1/EA	Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious. with Loop-Loc™ ends.; Mfg: DICK MEDICAL	3173-17215	Restraint Strap, Orange, 2 Pc, 7 Ft, Antibacterial, Side Release Buckle, Loop Ends	DMS	\$5.69	1/EA
47	3161	1/EA	Krinkle Gauze Roll 4.5in x 4.1yds; Mfg: DYNAREX OR EQUAL	8393	*Limited Qty* Gauze, Kerlix Type, Non-Sterile, 6 Ply, 4.5In X 4.1Yd 100Ea/Cs	DYNAREX CORPORATION	\$0.64	1/EA
48	4512	1/EA	Cold Compress, Instant, 5 inch X 9 inch; Mfg: DYNAREX OR EQUAL	1431-16002	Curaplex Instant Cold Pack Compress, Medium 6.69In X 6.69In 36Ea/Cs	CURAPLEX BY BOUNDTREE	\$0.34	1/EA
49	EP-800	1/EA	O.T.D. (OPTIMUM TRACTION DEVICE). Orange; Mfg: EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	12656ML	Splint, Traction, Optimum Traction Device (O.T.D.) Street Orange, Complete W/Pouch, Multi-Color	EMERGENCY PRODUCTS & RESEARCH	\$72.98	1/EA
50	MD14F	1/EA	Cooler, Fridge/ Freezer. 12V. Hypothermia Management; Mfg: ENGEL	1890-01406	15 Qt Fridge-Freezer, Gray, *See Notes* Dc-12 Volt, W/Top Lid Access Door, Engel	ENGEL USA	\$615.39	1/EA
51	4010	1/EA	IV Infuser. Ethox® Infu-surge® 1000cc Model.; Mfg: ETHOX INTERNATIONAL INC	354010	Pressure Infuser w/Bulb and Gauge, 1000ml, Disposable 1/EA 5EA/BX	ETHOX MEDICAL, LLC	\$31.00	1/EA
52	PT6500	1/EA	Model 65 Scoop™ Stretcher; Mfg: FERNO	660035	STRETCHER SCOOP MODEL 65 W/ORANGE NYLON STRAPS	FERNO WASHINGTON	\$429.00	1/EA
53	7000 HP	1/EA	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.; Mfg: GKR INDUSTRIES	1071-10212	Curaplex Emesis Bag, 1000Cc, White, Cardboard Rim W/O Hand Protection 25/Pk 10Pk/Cs	CURAPLEX BY BOUNDTREE	\$10.19	25/PK

Item List for City of Austin
Solicitation No. IFB 9300 EAD0262 "EMS Medical Supplies"

54	72930	1/EA	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min; Mfg: GRAHAM MEDICAL OR EQUAL	3271-62602	Curaplex Xps Fitted Stretcher Sheet, 36 X 90, Fluid Resist 30/Cs	CURAPLEX BY BOUNDTREE	\$37.59	30/CS
55	51926	1/EA	MegaMover® 1500; Mfg: GRAHAM MEDICAL OR EQUAL	3246-12345	Curaplex Patient Transporter 1Ea 10Ea/Cs	CURAPLEX BY BOUNDTREE	\$12.97	1/EA
56	1103	1/EA	Adult, Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length. ; Mfg: HUDSON RCI	30050	Curaplex Oxygen Nasal Cannula, Adult, Conventional, Green, 7 Ft Tubing 50Ea/Cs	CURAPLEX BY BOUNDTREE	\$0.24	1/EA
57	1060	1/EA	Adult Non Rebreathing Oxygen Mask; Mfg: HUDSON RCI OR EQUAL	D6144	Mask Non Rebreather Adult 50/Cs 1060	TELEFLEX MEDICAL	\$0.98	1/EA
58	1883	1/EA	Micro Mist® Nebulizer; Mfg: HUDSON RCI	411883	Micro Mist Nebulizer W/Tee, Mouthpiece, 7 Ft Tubing, Reservoir Tube And St Connector 50Ea/Cs	TELEFLEX MEDICAL	\$0.80	1/EA
59	1115	1/EA	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free. ; Mfg: HUDSON RCI OR EQUAL	87-3007EA	Curaplex Oxygen Connecting Tubing, 7 Ft, 3 Channel Safety Tubing, 3/16 In I.D., 50Ea/Cs	CURAPLEX BY BOUNDTREE	\$0.27	1/EA
60	1083	1/EA	Adult Elongated Aerosol Mask; Mfg: HUDSON RCI OR EQUAL	A03751-1	Mask Aerosol Elongated, Adult 50/Cs	TELEFLEX MEDICAL	\$0.45	1/EA
61	NEP4350	1/EA	Nitrile Glove. X-Large; Mfg: INNOVATIVE HEALTHCARE OR EQUAL	1015-18904	Gloves, Nitriderm Ep Orange, Xl, Powder Free, Nitrile, 12 Inch, Non-Sterile, 100/Bx 10Bx/Cs	Innovative Healthcare	\$9.59	100/BX
62	NEP4300	1/EA	Nitrile Glove. Large; Mfg: INNOVATIVE HEALTHCARE OR EQUAL	1015-18903	Gloves, Nitriderm Ep Orange, Lg, Powder Free, Nitrile, 12 Inch, Non-Sterile, 100/Bx 10Bx/Cs	Innovative Healthcare	\$9.59	100/BX
63	NEP4200	1/EA	Nitrile Glove. Medium; Mfg: INNOVATIVE HEALTHCARE OR EQUAL	1015-18902	Gloves, Nitriderm Ep Orange, Med, Powder Free, Nitrile, 12 Inch, Non-Sterile, 100/Bx 10Bx/Cs	Innovative Healthcare	\$9.59	100/BX
64	NEP4100	1/EA	Nitrile Glove. Small; Mfg: INNOVATIVE HEALTHCARE OR EQUAL	1015-18901	Gloves, Nitriderm Ep Orange, Sm, Powder Free, Nitrile, 12 Inch, Non-Sterile, 100/Bx 10Bx/Cs	Innovative Healthcare	\$9.59	100/BX
65	8705000	1/EA	I-gel O2 Resus Pack. Large adult.; Mfg: INTERSURGICAL INCORPORATED	2114-87303	I-Gel O2 Resus Pack, Lg Adult, Incl Size 5 I-Gel O2, Lube, Strap, For Pts 90 Plus Kg 6Ea/Cs	INTERSURGICAL INCORPORATED	\$24.71	1/EA
66	8704030	1/EA	I-gel O2 Resus Pack. Medium adult.; Mfg: INTERSURGICAL INCORPORATED	2114-87302	I-Gel O2 Resus Pack, Med Adult, Incl Size 4 I-Gel O2, Lube, Strap, For Pts 50-90 Kg 6Ea/Cs	INTERSURGICAL INCORPORATED	\$24.71	1/EA
67	8703030	1/EA	I-gel O2 Resus Pack. Small adult.; Mfg: INTERSURGICAL INCORPORATED	2114-87301	I-Gel O2 Resus Pack, Sm Adult, Incl Size 3 I-Gel O2, Lube, Strap, For Pts 30-60 Kg 6Ea/Cs	INTERSURGICAL INCORPORATED	\$24.71	1/EA
68	35900	1/EA	Backboard Lime Green; Mfg: IRON DUCK	265900LG	Backboard Without Pins Lime Green Ultra Loc	IRON DUCK INC.	\$129.59	1/EA
69	9024	1/EA	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.; Mfg: KENDALL TYCO HEALTHCARE OR EQUAL	080114	Gauze Sponge Non Sterile Non Woven 4 Ply 4 In X 4 In 200/Bg 10Bg/Cs	DUKAL CORP.	\$3.49	200/BG
70	47137	1/EA	Fluid Shield Procedure Mask; Mfg: KIMBERLY CLARK OR EQUAL	108-47137BX	Mask, Procedure, Fluidshield, Fog Free, With Visor, Pleated, With Earloops, Orange 25/Bx	HALYARD HEALTH	\$33.66	25/BX
71	700-00001	1/EA	Sta-Blok™ Head Immobilizer; Mfg: LAERDAL	260975	Head Immobilizer Sta-Blok 30/Cs	LAERDAL MEDICAL CORP.	\$4.26	1/EA
72	600-42500	1/EA	Thomas Select Tube Holder, Adult; Mfg: LAERDAL	2130-42560	Endotracheal Tube Holder, Thomas Select, Adult, For EVSga Tubes 6.5Mm Id To 42Mm Od 25Ea/Pk	LAERDAL MEDICAL CORP.	\$3.61	1/EA
73	78002001	1/EA	Laerdal Suction Unit; Mfg: LAERDAL	L780020	Lsu Suction Unit Lf W/ Disposable Canister And Tubing Laerdal	LAERDAL MEDICAL CORP.	\$789.00	1/EA
74	NON 24335	1/EA	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue; Mfg: MEDLINE	E3151	Sheet Non-Fitted Disp Poly Backed 40 In X 90 In 50/Cs	MEDLINE INDUSTRIES, INC.	\$29.86	50/CS
75	10-1510	1/EA	VIONEX® Antiseptic Towelette.. Individually packaged; Mfg: METREX	205100	Hand Wipes Antimicrobial Individually Wrapped 50/Bx 10Bx/Cs Vionex 25100 10-1510	METREX RESEARCH CORPORATION	\$11.08	50/BX
76	ZZ-0056	1/EA	ARS Needle Decompression Needle 14GA x 3 1/4"; Mfg: NORTH AMERICAN RESCUE	NARZZ-0056	Ars For Needle Decompression, 14 Ga X 3.25 In, W/Protective Case, Orange Band/Hub	NORTH AMERICAN RESCUE PRODUCTS	\$8.80	1/EA
77	XS04620	1/EA	Adl/Ped filterline set (Airway Adapter Set); Mfg: ORIDION	M1921A	Filterline H Set Adult/Pediatric, Airway Adapter 25Ea/Bx	COVIDIEN	\$12.79	1/EA
78	PHP-A110	1/EA	Atlas Cervical Collar. SIZE: Infant Short; Mfg: OSSUR PHILADELPHIA ATLAS	No Bid	Not Bidding On This Item	No Bid	No Bid	No Bid
79	01BM3201-MO-Cs	1/EA	SMART-BAG MO Size:Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.; Mfg: O-TWO MEDICAL TECHNOLOGIES	674-01BM3201MOEA	Manual Resuscitator Bvm, Smart Bag Mo, Adult, With Inflated Cuffed Facemask, Disposable 12Ea/Cs	O-TWO MEDICAL TECHNOLOGIES INC	\$20.65	1/EA
80	01BM3211-MO-Cs	1/EA	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.; Mfg: O	674-01BM3211MOEA	Manual Resuscitator Bvm, Smart Bag Mo, Child, With Inflated Cuffed Facemask, Disposable 12/Cs	O-TWO MEDICAL TECHNOLOGIES INC	\$21.90	1/EA
81	01CV0218-CS	1/EA	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge; Mfg: O-TWO MEDICAL TECHNOLOGIES	2430-21202	Cpap Delivery System, Sm Adult, Incl Face Mask (Size 4) And Head Harness, Disposable 10/Cs	O-TWO MEDICAL TECHNOLOGIES INC	\$429.01	10/CS
82	AT 0712	1/EA	Unistik® 2 Extra (21G) Safety Lancet; Mfg: OWEN MUMFORD	675-AT0712	Lancets, Unistik 2 Extra Safety, 21 Ga X 3.0 Mm, Single Use, Tri-Beveled 100/Bx	OWEN MUMFORD INC	\$17.05	100/BX

Item List for City of Austin
Solicitation No. IFB 9300 EAD0262 "EMS Medical Supplies"

83	B10800	1/EA	Chlorohexidine Chlorascrub™ swab (wipes); Mfg: PDI	B10800	Chlorascrub Chg-Ipa 1Ml Swab 3.15% Chlorhexidine Gluconate/70% Isopropyl Alcohol 1000/Cs	NICE-PAK	\$157.00	1000/Cs
84	Q86984	1/EA	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes; Mfg: PDI	286984	Super Sani-Cloth X-Lg Wipe 65/Tub 6/Cs	NICE-PAK	\$7.29	65/TB
85	Q-BABY/ADD	1/EA	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.; Mfg: QUANTUM EMS	3250-01034	Ambulance Child Restraint System	Quantum EMS Solutions	\$759.00	1/EA
86	SP1121F	1/EA	Sam Splints™ Flatfold; Mfg: SAM MEDICAL	661121F	Splint, Sam, Orange/Blue, Flatfold, 4.25 In X 36 In 60Ea/Cs	SAM MEDICAL	\$7.20	1/EA
87	SL556652-LG	1/EA	SAM Pelvic Sling™ X- LARGE; Mfg: SAM MEDICAL	665567	Sam Pelvic Sling li - Large 36-60 In 24Ea/Cs	SAM MEDICAL	\$57.45	1/EA
88	SL556652-SM	1/EA	SAM Pelvic Sling™ X-SMALL; Mfg: SAM MEDICAL	665565	Sam Pelvic Sling li - Small 27-47 In Hip 24Ea/Cs	SAM MEDICAL	\$53.57	1/EA
89	3066	1/EA	Safety I.V. Catheter Size: 20G x 1 1/4" Pink; Mfg: SMITHS MEDICAL	353066	Catheter Intravenous (Iv) 20 Gauge X 1.25 In 50/Bx 4Bx/Cs Protectiv Plus	SMITHS MEDICAL ASD, INC.	\$1.79	1/EA
90	3065	1/EA	Safety I.V. Catheter Size: 18G x 1 1/4" Green; Mfg: SMITHS MEDICAL	353065	Catheter Intravenous (Iv) 18 Gauge X 1.25 In 50/Bx 4Bx/Cs Protectiv Plus	SMITHS MEDICAL ASD, INC.	\$1.79	1/EA
91	3062	1/EA	I.V. Catheter Size: 16G x 1 1/4" Grey; Mfg: SMITHS MEDICAL	353062	Catheter Intravenous (Iv) 16 Gauge X 1.25 In 50/Bx 4Bx/Cs Protectiv Plus	SMITHS MEDICAL ASD, INC.	\$1.79	1/EA
92	3060	1/EA	Safety I.V. Catheter Size: 22G x 1" Blue; Mfg: SMITHS MEDICAL	353060	Catheter Intravenous (Iv) 22 Gauge X 1 In 50/Bx 4Bx/Cs Protectiv Plus	SMITHS MEDICAL ASD, INC.	\$1.79	1/EA
93	44241	1/EA	HI-D® "BIG STICK"® Suction Tip; Mfg: SSCOR INC	594241	Suction Tip 50/Cs Hi-D Big Stick	SSCOR, INC.	\$1.84	1/EA
94	60-NFB6090	1/EA	Blanket, 60" x 90" Fleece, Medium Weight Navy; Mfg: TAYLOR HEALTHCARE OR EQUAL	11222NV	Blanket, 60 In. X 90 In., Navy Medium Weight Fleece, Individual Poly Bag, Waterproof 10/Cs	TAYLOR HEALTHCARE PRODUCTS	\$12.18	1/EA
95	MAD300	1/EA	Mucosal Atomization Device; Mfg: TELEFLEX MEDICAL	400125	Mucosal Atomization Device, Mad Intranasal, No Syringe, Latex Free 25Ea/Bx	TELEFLEX MEDICAL	\$6.54	1/EA
96	980043	1/EA	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.; Mfg: TIDI OR EQUAL	16570	Curaplex Blanket, Yellow Highway, 56 In X 90 In 24Ea/Cs	CURAPLEX BY BOUNDTREE	\$1.64	1/EA
97	02-1081	1/EA	SPHYGMOMANOMETER, ADULT; Mfg: VERIDIAN OR EQUAL	36012	Curaplex Aneroid Sphygmomanometer, Adult, With Case 50Ea/Cs	CURAPLEX BY BOUNDTREE	\$4.52	1/EA
98		1/EA	Nebulizer Kit (components are branded)	Custom Kit	Nebulizer Kit as specified	Custom Kit	\$6.89	1/EA

**MEDICAL SUPPLIES
IFB 9300 EAD0262
ATTACHMENT A**

VENDOR SHALL LIST THE PERCENT DISCOUNT FROM CATALOG LIST PRICE THAT WILL BE OFFERED TO THE CITY FOR EACH APPLICABLE MANUFACTURER. IF VENDOR IS NOT ABLE TO PROVIDE A PARTICULAR MANUFACTURER, THE PERCENT DISCOUNT BOX SHALL BE LEFT BLANK.

LINE #	OTHER MANUFACTURERS	Discount from Manufacturer's Catalog List Price
1	ABBOTT LABS:	28 %
2	ADENNA	No Bid %
3	ADI MEDICAL	28 %
4	ADVANCED CIRCULATORY SYSTEM	No Bid %
5	AES INC	No Bid %
6	ALPHA PROTECH	28 %
7	AKORN:	28 %
8	AKRIMAX PHARMACEUTICALS:	28 %
9	AMERICAN DIAGNOSTICS CORPORATION:	28 %
10	AMPHASTAR-IMS:	28 %
11	AMSINO	28 %
12	AMVEX	28 %
13	APP PHARMACEUTICALS	28 %
14	ARMSTRONG MEDICAL:	No Bid %
15	BAYER HEALTHCARE:	28 %
16	BAUSCH AND LOMB	No Bid %
17	BEDFORD LABORATORIES:	No Bid %
18	BEMIS HEALTHCARE:	28 %
19	BPI LABS	28 %
20	CARELINE	28 %
21	COMPOSITE RESOURCE:	No Bid %
22	CON-MED:	28 %
23	COVIDIEN	28 %
24	CURAPLEX	28 %

*See attached exclusion letter for additional detail.

25	DAWNMIST:	No Bid	%
26	DEROYAL	No Bid	%
27	DEY LABORATORIES:	28	%
28	DICK MEDICAL	28	%
29	DUKAL	28	%
30	DUPONT	No Bid	%
31	DURAPORE	28	%
32	ELITE CREATORS	28	%
33	EMERGENCY PRODUCTS AND RESEARCH:	28	%
34	ENGEL USA	no discount	%
35	ESTILL MEDICAL	28	%
36	ETHOX INTERNATIONAL INC:	28	%
37	FRESENIUS	28	%
38	FOUGERA PHARMACEUTICALS:	28	%
39	FUTURA	No Bid	%
40	GKR INDUSTRIES:	28	%
41	GLENMARK	28	%
42	GRAHAM MEDICAL:	28	%
43	GREENFIELD MEDICAL:	28	%
44	HARTMANN:	28	%
45	HONEYWELL	28	%
46	ICE KOLD:	No Bid	%
47	INNOVATIVE HEALTHCARE MEDICAL	28	%
48	ICU MEDICAL	28	%
49	INNOVATIVE HEALTHCARE	28	%
50	INTERSURGICAL INCORPORATED	28	%
51	IRON DUCK:	28	%
52	KENTRON HEALTHCARE	No Bid	%
53	KINGFISHER MEDICAL	28	%

*See attached exclusion letter for additional detail.

54	KINGFISHER MEDICAL	28	%
55	MASIMO:	28	%
56	MERIDIAN MEDICAL TECHNOLOGIES:	28	%
57	MEDPRIDE	No Bid	%
58	MEDSOURCE	28	%
59	MCNEIL CONSUMER HEALTHCARE	No Bid	%
60	MICROBVM	No Bid	%
61	MIRION TECHNOLOGIES:	No Bid	%
62	METREX :	28	%
63	MOCKMEDS	No Bid	%
64	MOORE MEDICAL:	No Bid	%
65	MORTAN	28	%
66	MYDENT INTERNATIONAL	No Bid	%
67	NATUS (NICOLET)	28	%
68	NORTH AMERICAN RESCUE:	28	%
69	NUTRAMAX:	No Bid	%
70	NOVAMED USA	No Bid	%
71	O-Two Medical	28	%
72	ORIDIAN:	28	%
73	OSSUR PHILADELPHIA ATLAS:	28	%
74	OWEN MUMFORD:	28	%
75	PADDACK LABS:	No Bid	%
76	PAR STERILE PRODUCTS LLC	No Bid	%
77	PEDIA	No Bid	%
78	PHARMACEUTICAL ASSOCIATES	No Bid	%
79	PHILIPS ELECTRONICS NORTH AMERICAN	no discount	%
80	POSEY:	28	%
81	PULMODYNE:	28	%
82	PURRELL	28	%

*See attached exclusion letter for additional detail.

83	ROUSE PHARMACEUTICALS	28	%
84	RUGBY LABORATORIES:	No Bid	%
85	QUANTUM EMS	28	%
86	SAFETEC OF AMERICA	28	%
87	SAFETY INTERNATIONAL	28	%
88	SAGENT PHARMACEUTICALS:	28	%
89	SAM MEDICAL:	28	%
90	SEIKO	No Bid	%
91	SPERIAN	No Bid	%
92	SSCOR INC:	no discount	%
93	STRYKER MEDICAL	No Bid	%
94	TAYLOR HEALTHCARE	28	%
95	THOMAS EMS	28	%
96	TIDI:	28	%
97	VIASYS HEALTHCARE	No Bid	%
98	VERIDIAN	No Bid	%
99	WELCH ALLYN	28	%
100	WEST-WARD PHARMACEUTICALS:	28	%
101	WOLFE TORY MEDICAL:	No Bid	%
102	UCAPIT	14	%
103	Z-MEDICA	no discount	%
104	ZOLL MEDICAL	28	%
105	FOR ALL OTHER MANUFACTURERS NOT SPECIFIED	28	%

*See attached exclusion letter for additional detail.

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm	Bound Tree Medical, LLC	
Physical Address	5000 Tuttle Crossing Blvd. Dublin, Ohio 43016	
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	<input checked="" type="radio"/> No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	<input checked="" type="radio"/> No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	<input checked="" type="radio"/> No

SUBCONTRACTOR(S):

Name of Local Firm	n/a	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm	n/a	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference Sheet

Responding Company Name Bound Tree Medical, LLC

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name San Francisco Fire Department
Name and Title of Contact Andy Zanoft, Chief
Project Name Paramedic Supplies & Pharmaceuticals
Present Address 1415 Evans Avenue
City, State, Zip Code San Francisco, CA 34124
Telephone Number (415) 920-2914 Fax Number ()
Email Address Andy.Zanoft@sfgov.org
2. Company's Name City of Columbus Fire Department
Name and Title of Contact Pharmaceutical Supplies & Miscellaneous Medical Supplies
Project Name Rick Meadows
Present Address 2028 Williams Road
City, State, Zip Code Columbus, Ohio 43207
Telephone Number (614) 221-3132 Fax Number ()
Email Address _____
3. Company's Name New Orleans EMS
Name and Title of Contact Carl Flores, Director of Logistics
Project Name Medical Supplies
Present Address 1300 Perdido Street, Ste 4W07
City, State, Zip Code New Orleans, LA 70112
Telephone Number (504) 658-1552 Fax Number ()
Email Address cflores@cityofno.com

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 8th day of May, 2018

CONTRACTOR

Authorized Signature

Title

Bound Tree Medical, LLC



Treasurer & Secretary

Section 0835: Non-Resident Bidder Provisions

Company Name Bound Tree Medical, LLC

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: Non-Resident Bidder

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: No Which State: Ohio

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: n/a

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.


☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name			
City Vendor ID Code			
Physical Address			
City, State Zip			
Phone Number		Email Address	
Is the Offeror City of Austin M/WBE certified?	<input type="checkbox"/> NO <input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Mark Dougherty, Treasurer and Secretary

 5/8/2018

Name and Title of Authorized Representative (Print or Type)

Signature/Date

Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

- ☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

- ☐ I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;

STEP TWO: Perform Good Faith Efforts (Check List provided below);

STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL of the following CHECK BOXES MUST be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.**

- ☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.
- ☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

- ☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

- ☐ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

- ☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

*Not Applicable

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact
		<input type="checkbox"/> Phone OR <input type="checkbox"/> Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

Reviewing Counselor

Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

Director/Assistant Director or Designee

Date



**ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS**

Solicitation: IFB 9300 EAD0262

Addendum No: 1

Date of Addendum: May 4, 2018

This addendum is to incorporate the following changes to the above referenced solicitation:

- I. **Clarifications:** Strike the information on Section 0600 Bid Sheet that states: An Offeror shall bid on all sections of a category in order to be considered for award of that category.

The City does NOT require an Offeror to bid on all sections of any of the categories to be considered for award. However, the City reserves the right to award in whichever method is most advantageous to the City.

II. **Questions:**

(Q1) If there are terms and conditions a Vendor may not be able to agree to will the City consider exceptions to terms and conditions?

(A1) No

(Q2) Specifically, if there are insurance requirements that a Vendor may not be able to agree to will the City consider exceptions to insurance terms and conditions?

(A2) No

(Q3) Would a Vendor's use of self/captive insurance be deemed to satisfy the insurance requirements of the resulting contract?

(A3) Only if they meet all of the requirements outlined in Section 0400, Item 3, and approved by the City's Risk Manager.

(Q4) If the Vendor does not have a published list price, will the City as an alternative accept Vendor's Internal (non-published) Government List Price which is a price for commercial items. Offeror's Internal Government List Price reflects market and manufacturer price adjustments (increases or decreases) for items sold to both Government and Commercial Customers so the price being offered to the City will reflect changes in the marketplace?

(A4) Only if a copy can be provided to the City and meet all of the requirements listed in Section 0400, Item 11.

(Q5) Could you please provide an example or link to the INNOVATIVE HEALTHCARE OR EQUAL NEP4350, NEP4300, NEP4200 and NEP4100 gloves?

(A5) <https://ihcsolutions.com/product/182-nitriderm-ep-nitrile-exam-gloves-extended-cuff/>. The item numbers have changed to 182050 (XS), 182100 (S), 182200 (M), 182300 (L), 182350 (XL), 182400 (XXL). Please update bid submissions for items 3.36 through 3.39 in Section 0600 Bid Sheet to the new item numbers above.

(Q6) The section requiring a % off of list, Attachment A. Manufacturers do not have a MFG List price, what will you be using to determine this?

(A6) Please list the catalog discount percent your firm is offering off of the manufacturer's list price.

(Q7) Section 900 Subcontracting, since there are no subcontracting goals for this Solicitation, would we just skip 0905 and not answer any of the questions?

(A7) If your firm does not intend to subcontract, check the no box on Section 0900 Subcontracting/Sub-consulting Utilization Form and fill out the Offeror Information. If you do not intend to subcontract then Section 0905 Subcontracting/Sub-consulting Utilization Plan is not required to be filled out and returned.

(Q8) Section 0400 #10 Hazardous Materials, do you want all MSDS sheets submitted with the bid, or only if awarded those particular items that require this?

(A8) As requested by the City, the Contractor shall provide the MSDS online or will provide a hard copy for each order.

(Q9) Published Price Lists: If the manufacturer doesn't provide a price list for the discount, how do we respond to this?

(A9) List 0%.

(Q10) Economic Price Adjustments: Will the City accept documented price increase letters from the manufacturer if there is one, or will the City follow D Indexes and E Calculation for adjustments only?

(A10) Per Section 0400 Supplemental Purchasing Provisions, Item 13.F "If the requested adjustment is not supported by the referenced index, the City, at its sole discretion, may consider approving an adjustment on fully documented market increases."

(Q11) Regarding Section 0500 Specifications, Item 3.2, does the City require a letter from each manufacturer represented in Categories 1-4, to be submitted at the time the bid is submitted?

(A11) Yes. Or, a business memo listing all manufacturer or branded products the company is authorized to distribute signed by the business CEO, President, or equal position will suffice.

(Q12) Regarding Section 0500 Specifications 4.1-4.13, does the City need proof/acknowledgement of each point with bid submission?

(A12) Yes. Same answer as A11.

(Q13) Normally when a tourniquet is requested there is also a request for hemostatic gauze as well. Is this something that is being added to the bid?

(A13) The City is not requesting this as a line item on the bid sheet.

(Q14) Which inventory management system is the City of Austin currently using for their EMS supplies?

(A14) Maximo for inventory management.

(Q15) Who does the City currently use for reverse distribution?

(A15) The City is not currently using reverse distribution for medical supplies or pharmaceuticals.

(Q16) We are unable to find more information on the item numbers given for lines 3.36 through 3.39.

(A16) Please see A5 above.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

APPROVED BY:



Erin D'Vincent, Procurement Specialist IV
Purchasing Office, 512-974-3070

5/4/18

Date

ACKNOWLEDGED BY:

Mark Dougherty

Name



Authorized Signature

05/08/2018

Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.



Bound Tree

CITY OF AUSTIN
PURCHASING OFFICE

EMS MEDICAL SUPPLIES

SOLICITATION NO. IFB 9300 EAD0262

DUE – MAY 10, 2018 3:00PM CST



Bound Tree

Your Partner In EMS

5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

May 8, 2018

City of Austin, Municipal Building
Purchasing Office
124 W 8th Street, Rm 308
Austin, Texas 78701

Dear Erin D'Vincent & Michelle Pearson:

Bound Tree Medical is pleased to offer the attached proposal for the City of Austin EMS Medical Supplies Bid. Please review the following proposal for Bound Tree's base competitive pricing. We want to emphasize our continued commitment to you to provide the most complete offering of products and services.

The proposal includes the following:

- BTM Dedicated Team Listing
- Bid General Provisions & Specifications
- Proposal Information & Pricing
- BTM Item Numbers & Descriptions
- BTM Percentage off Catalog Listing
- Disaster Program Information
- BTM University
- References
- Customer Service Information
- Distribution Center Information
- Return Policy
- Warranty Information
- Online Ordering Capabilities
- Sample COI
- W-9

We thank you again for the opportunity to provide all your EMS equipment and information needs. If you require additional information, our contact information is below.

Mario Garza, NREMT-P, CCEMT-P
Account Manager
210.380.2077
MGarza@boundtree.com

Christopher Fyffe
Senior Pricing Analyst, Bids/Contracts
800.533.0523 x 5374
Christopher.Fyffe@boundtree.com

SECTION 1 – EXECUTIVE SUMMARY

Bound Tree recognizes and understands the challenges that The City of Austin is facing today and believe we can provide solutions and services to help mitigate and solve many of them. We will offer you 100% of our resources and abilities. There is no other company that can offer the same combination of competitive pricing, exceptional customer service, online ordering, disaster preparedness, inventory solutions, reporting, and exceptional fill rates as Bound Tree. As your partner in EMS for 40 years, we've made it our mission to help you save minutes and save lives. We strive to understand your unique needs and provide you with the right products, services and support.



THE RIGHT PRODUCTS

Curaplex® by Bound Tree – Aside from offering national, well-known brands, Bound Tree's Curaplex portfolio of products offers significant savings over name brand products and enables providers to deliver quality treatment at a better overall value. We stock over 2,300 Curaplex items in 13 categories to maximize savings on products you use the most.

Pharmaceuticals – Bound Tree sells a full line of EMS pharmaceuticals including Class II, III, and IV scheduled drugs. As a leader in the industry, we have VAWD accreditation from the National Association of Boards of Pharmacy and are compliant with FDA Pedigree requirements as set forth by the Drug Supply Chain Security Act. We also provide weekly pharmaceutical backorder reports with up-to-date industry information.

Recertified Equipment – Bound Tree's offers recertified AEDs, defibrillators, ECG monitors, infusion pumps, pulse oximeters, suction units, ventilators and vital sign monitors from leading manufacturers. Our highly-trained biomedical technicians painstakingly recertify all critical care equipment to ensure a quality product at a savings up to 50% of new equipment. This will be beneficial when you are in need of service on your IV pumps or if you find the need for additional ones.

THE RIGHT SERVICES

Operative IQ Inventory Management – Operative IQ improves productivity by connecting the functional areas of your operation. It allows people to share information, reduce labor hours and material costs, improve service levels and communication, and make informed business decisions.

UCapIt Controlled Medical Supply Dispensing – UCapIt allows EMS, Pharmaceutical and other medical professionals the ability to restock their units 24/7 and have real-time usage and inventory tracking. Annual savings using the UCapIt dispenser have been realized up to 30% related to shrink, expiration management and overhead.

Controlled Substances Ordering System – The Controlled Substances Ordering System (CSOS) was developed by the DEA for the electronic transmission of Class II controlled substances orders. This allows for a significant reduction in the number of ordering errors, faster transaction times and lower costs due to order accuracy and decreased paperwork.

THE RIGHT SUPPORT

Sales Support Team – The City of Austin has a dedicated local Account Manager, who along with being readily available, will provide quarterly business reviews to maintain performance, maximize results and adjust to any changing needs and requirements The City of Austin may have. Our Customer Service Team is trained and available 7:30 am – 8:00 pm ET to respond to customer inquiries regarding items, availability, shipment, delivery, and product substitutions when needed in the event of longer term backorders.

Bound Tree University – Our Bound Tree University website provides over 15 hours of FREE, accredited CEUs to help drive employee retention and on-going training.

THE RIGHT INFRASTRUCTURE

BoundTree.com – The Bound Tree website offers convenient 24/7/365 access to product information and ordering, supply lists, order history, electronic requisitions and email notifications. We also offer Electronic Data Interchange (EDI) compatibility.

Nationwide Distribution – Bound Tree operates 5 distribution centers strategically positioned across the country for operational efficiency and disaster response. Ninety-six percent of all of our customers can be reached using UPS Ground within 2 business days.

Medical Device Kitting – Aside from having a large distribution center in Arlington, TX, Bound Tree also operates an FDA approved medical device kitting facility in Flower Mound, TX. This facility will soon have ISO accreditation. There is an extremely wide variety of standard kits available, as well as the ability to produce custom kits.

Disaster Support – Call Bound Tree's Disaster Support Hotline at 800-863-0953 to report major incidents and identify medical supply needs. Once reported, Bound Tree Medical personnel will take immediate measures to assist in relief efforts. Our Disaster Response Team was activated several times during the recent hurricanes helping to supply relief efforts.

THE RIGHT SUPPORT

Bound Tree is committed to providing The City of Austin with best-in-class support. This includes a dedicated team focused on your success. The City of Austin will have ready access to your account manager and our manufacturing partners for help in in-service training at no cost.

**Mario Garza – Account Manager**

He has served as a national Paramedic since 1990, working as a search and rescue flight Paramedic in the US NAVY, as well as a critical Care Transport Paramedic in the UMBC Maryland, and a Former EMS Captain or Bulverde Spring Branch Fire Rescue. Mario also has a Long history of providing training courses in various EMS programs ranging from EtCO2 to Traumatic Brain injury. For the past 8 years, he has served as the Bound Tree Account Manager for Northern San Antonio.

Account Manager**Phone: 210.380.2077****Email: MGarza@boundtree.com****Ryan Barr – Regional Sales Director**

Ryan is the Bound Tree Medical Southwest Regional Sales Manager and holds a Bachelor of Science in Respiratory Care from Nebraska Methodist. Ryan has over 20 years of clinical, sales and sales management experience.

**Tim Rubert – Vice President of Sales**

Tim is the Vice President of Sales for Bound Tree Medical overseeing a team of 72 field account managers and inside sales representatives specializing in pre-hospital (EMS) sales. He has over 20 years of executive sales management, product management and marketing experience. He holds a BS degree in Mathematics from the US Coast Guard Academy and a MS degree in Operations Research & Statistics from Rensselaer Polytechnic Institute.

**Jon McGrew – Director of Pricing Operations**

Jon McGrew, Director of Pricing, has been with Bound Tree Medical for two years. He has been involved with pricing, quotations, bids, and deal management activities for over 11 years. In addition to his experience with the distribution of medical supplies, he has worked in a variety of industries including, transportation, manufacturing, and education.

**Vernon Burkett – Director of DC Operations**

Vernon has over 25 years of operations management experience in multiple industries and widely varying environments. What Vernon enjoys most about his job is working alongside our operations team to ensure we are providing the right product to our customer, on time, as promised. Vernon also enjoys coaching and mentoring his team to achieve their professional ambitions."

05/08/2018

To Whom It May Concern,

In response to your bid request, Bound Tree Medical is pleased to offer 28% off of the prices on supplies on www.boundtree.com. For product information and Bound Tree item numbers, please refer to the current Bound Tree Medical Emergency Medical Product Catalog. During the Contract term, the City of Austin may negotiate with Bound Tree to obtain lower prices for awarded products or services based on volume or other factors.

In order to provide a percentage off list discount, it is necessary for Bound Tree to exclude certain product categories or manufacturer products. This is largely due to the cost variability of these items as a result of market demand and raw material costs.

Products excluded from the percentage off bid include the following:

Manufacturers Excluded		Product Categories Excluded
CAS		Backboards
CMC Rescue Inc.		Hot and Cold Packs
Junkin Safety		Gloves
Ferno (Stretchers / Stair Chairs		King Tubes (not kits) and Airways
Laerdal (Manikins and AHA items)		Rescue Buddies (Charitable item)
Philips (Equipment)		Preventative Maintenance
Nasco		Recertified Equipment
Simulaids		Service Contracts
Thermal Angel		King Vision
TSG		Custom Kits
Sscor		
Z-Medica		UCAPIT – 14% Off Equipment Only
Engel		

In addition, Pharmaceutical and IV Solutions product categories will be offered at a 28% discount from the current listed prices on www.boundtree.com.

We are pleased to provide you with a competitive offer for the emergency medical supplies and equipment that you are seeking. Please contact our Bids and Contracts Department at 800-533-0523 with any questions. Thank you.

Sincerely,

Christopher Fyffe

Senior Pricing Analyst, Bids & Contracts

Delivery Approach and ARO

Below are the standard delivery methods that will be employed by Bound Tree Medical to support an award by the City of Austin. The Standard delivery days is provided assuming receipt of order is placed prior to 3:00 p.m. each day, placing orders prior to 3 p.m. helps to ensure that they are placed into fulfillment same day.

Standard Delivery**Small Parcel**

- Delivered by FedEx Ground
- Standard delivery from primary warehouse is 2 day transit

LTL Freight

- Delivered by R&L Carrier
- Standard delivery from primary warehouse is 2 day transit

Expedited Delivery**Small Parcel**

- Delivered by FedEx Next Day
- Additional costs are dependent on actual dimensions and weight of cartons shipped

LTL Freight

- Requires dedicated Driver
- Details would be specific to order

On Time Delivery

Below are the standard on-time delivery and stock-out data from contracts or customers of similar size and scope to the City of Austin EMS Supplies bid.

On Time Delivery rates

FedEx Ground - 98.5% on-time

LTL via RL Carrier - 98.1% on-time

Stock Fill Line Rates

94.95%

Photos of our Arlington Warehouse and New Flower Mound Kitting Facility**Shipping and Product Authentication**

All orders are picked via Company pick ticket, which is used for quality, accuracy, customer verification and documentation.

Product with expiration dates are picked to ensure that product with the closest expiration date is shipped first ("first-expired/first-out" = FE/FO).

When the product is identified and picked, the picker verifies the product label against the pick ticket. This verification includes but is not limited to:

- Product item number, description, and NDC number.
- Product expiration date is verified as more than six (6) months remaining or per customer requirements.
- Product lot number or serial number.
- Unit of measure that was ordered (example: each, case).

During the picking process, the product is carefully inspected for identity and to ensure the product has not been damaged, stored under improper conditions or has expired.

After the order is picked, a quality check is performed to ensure that the following are accurate
The packing of product step is to ensure that the goods arrive to the customer without damage or any other integrity issues.

The packing process include the following factors:

- Verify product for accuracy.
- Ensure items are securely placed in proper shipping container.
- Ship product/order to customer via common carrier.

Product Verification

- Items ready for packing and shipping shall be inspected to verify that the proper product is being shipped, that the expiration date has not passed and that it is not damaged or has been held under improper conditions.
- Items shall be shipped in the original manufacturer cartons when appropriate. If items are repacked, proper cartons and packaging materials shall be used to minimize the chance of breakage or other damage to the contents.

Shipping Process:

Product is shipped by common carrier or may be shipped via a Company delivery vehicle. All shipments of prescription products require signature by the customer upon delivery. Prior to shipment/distribution, all outgoing shipment, specifically but not limited to prescription drugs, must be carefully inspected to verify identity and to ensure that there is no damage or product held under improper conditions.



THE PHARMACEUTICAL ADVANTAGE

Bound Tree Medical specializes in emergency medical equipment, supplies and product expertise for EMS providers, supporting customers with EMS-experienced account managers, product specialists and customer service representatives.

In addition to a full line of EMS equipment and supplies, Bound Tree Medical also offers a full line of EMS pharmaceuticals and accessories, including Class II and Class IV drugs.

Bound Tree is known for leadership and professionalism within the industry. We protect our customers and uphold federal standards by complying with regulatory guidelines pertaining to pharmaceuticals. Because of our vast product offering and commitment to high quality service, Bound Tree is the leading choice to fulfill your pharmaceutical needs.



VAWD Certified State and Nationally Licensed

Several of BoundTree's Distribution Centers have received VAWD (Verified - Accredited Wholesale Distributors) accreditation from the National Association of Boards of Pharmacy (NABP). VAWD accreditation is achieved after a criteria compliance review that includes a rigorous evaluation of operating policies and procedures, licensure verification, survey of facility and operations, background checks and screening through the NABP Clearinghouse. Our accreditation demonstrates that we are in compliance with state and federal laws and that our prescription drugs are distributed safely and securely.

For a complete listing of VAWD-Accredited Facilities, please visit:

www.nabp.net/programs/accreditation/vawd/vawd-accredited-facilities



Compliant with DSCSA Requirements

Under the Drug Supply Chain Security Act (DSCSA), entities in the supply chain including manufacturers, wholesale distributors, and dispensers have responsibilities to meet the requirements of the DSCSA. As of May 1, 2015 all wholesalers are required by law, under the DSCSA, to provide transaction information, transaction history and transaction statements for the pharmaceuticals that they supply.

BoundTree is compliant with these FDA standards which helps improve patient protection by preventing the distribution of substandard or ineffective drugs and while providing our customers with the product and transaction information they need to be in compliance with the FDA standards.

Under the DSCSA you are responsible for knowing that your prescription drug wholesale distributor is an authorized trading partner who holds a valid state or federal license. BoundTree Medical is licensed federally and in all 50 states. Purchasing from a licensed and VAWD accredited distributor like BoundTree Medical makes great strides to ensure none of your purchases will ever be counterfeit, contaminated, improperly stored and transported, ineffective, and/or unsafe.

Wholesaler Distributor licenses can be searched online:

www.fda.gov/Drugs/DrugSafety/DrugIntegrityandSupplyChainSecurity/ucm281446.htm



Controlled Substance Ordering System (CSOS)

Class II Controlled Substances can be ordered through our secure electronic Controlled Substances Ordering System (CSOS) without the supporting paper DEA Form 222! The DEA's CSOS program is the only allowance for electronic ordering of Class II controlled substances. To participate in CSOS, the DEA registrant must first acquire a CSOS digital certificate from the DEA. Once the certificate is received, Class II orders can be placed through our secured website: e222.boundtree.com

For more information about CSOS please visit: www.deaecom.gov

Bound Tree will continue to accept paper 222 forms for those who wish to utilize that method for ordering.

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medical

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BoundTree Medical is committed to compliance with these federal and state regulations for the benefit of our customers, their communities and their patients. These efforts protect our customers by helping to ensure that they are also compliant with federal and state regulations and practicing safe and effective patient care. With BoundTree Medical, EMS providers know that they will receive pharmaceuticals through a secure and reliable distribution process.



Bound Tree

Your Partner In EMS



5000 Tuttle Crossing Blvd.

Dublin, OH 43016

614.760.5000

www.boundtree.com

Pharmaceutical Price Increase

It is Bound Tree's intent not to increase pricing on pharmaceutical products for the initial contract term. However, manufacturers have recently been significantly increasing prices on pharmaceutical products due to market conditions and the associated costs to comply with federal legislations. In the event such price increases occur after the bid award, Bound Tree will notify you of such increases and provide adequate documentation from the manufacturer to demonstrate evidence of increase. The new pricing will then go into effect based on a notification period provided. If the customer does not accept the increase, Bound Tree reserves the right to remove the product(s) from the contract or find an alternative product at no additional cost to Bound Tree.



BOUND TREE MEDICAL EMERGENCY DISASTER SUPPORT PROGRAM

If your agency is in need of emergency medical supplies and equipment, the Bound Tree Medical Emergency Disaster Support Program is here to help. This program enables you to call our Disaster Support Hotline 24 hours a day to report major incidents and identify medical supply needs. Once reported, Bound Tree Medical personnel will take immediate measures to assist in relief efforts.

GET HELP IN THREE SIMPLE STEPS



1. Report a major incident.



**2. Call the Bound Tree Medical
Disaster Support Hotline.**



**3. Receive emergency medical
supplies.**

Bound Tree Medical is the only national, EMS focused supplier in the country. We have a proven track record of supplying vital customer needs in situations from hurricanes, tornadoes and floods to MCI's. Our national presence and multiple regional warehouses stocked with products specifically for emergency preparedness make us the clear choice when every minute counts. To learn more about the Bound Tree Medical Emergency Disaster Support Program, contact Customer Service.

CALL US FOR ASSISTANCE WITH DISASTROUS INCIDENTS.

Bound Tree Disaster
Support Hotline

800.863.0953



**Need to report a major incident and alert us to your emergency medical
supply needs? Simply call the toll-free Disaster Support Hotline at
800.863.0953.**

Partners in EMS



In-Service Training

Our EMS-experienced Account Managers can provide quality in-service training and support to you and your department. Since they live in your area, they understand state and local requirements and protocols.



Advanced Online Tools

From free online continuing education courses at www.BoundTreeUniversity.com to elaborate online ordering tools at www.boundtree.com, we are focused on the most cutting edge technology that will streamline your day-to-day operations.



24-Hour Disaster Support

Our Emergency Disaster Support Program can provide relief efforts to agencies that require immediate deployment of emergency medical supplies. To activate the program, call 800-863-0953 and identify your needs.



Grants Support

Safety and patient care should never be compromised because of inadequate budgets. Our experienced grant writers can help you find funding opportunities for equipment, training, personnel and vehicles at www.boundtreegrants.com.



Passion and Perspective

At the heart of Bound Tree Medical is a team of employees who are passionate about EMS and the communities they serve. We have the experience required to meet your needs.



Bound Tree Medical is a specialty distributor of emergency medical equipment, supplies, pharmaceuticals and product expertise for fire departments, military, government institutions and other EMS organizations that provide pre-hospital, emergency care. We support our customers with our team of EMS-experienced product specialists, customer service representatives and local account managers, backed by strong vendors and a national distribution network.

From everyday disposable items to extensive capital equipment, we offer thousands of quality products from leading manufacturers to help our customers save lives. Our cutting-edge distribution model and five nationwide distribution centers allow us to provide prompt and accurate delivery anywhere in the United States. We are passionate about EMS and have developed specialty programs to demonstrate our dedication, including scholarships, grants support and disaster support. We strive to truly understand the needs and demands of EMS providers and deliver the products and services that address those needs.



Bound Tree

800.533.0523 | www.boundtree.com

FREE CEUs

www.BoundTreeUniversity.com

Current Course Offering:

Acute MI and STEMI »

Asthma »

Evidence-based Guidelines for EMS Providers »

Safe Transport of the Pediatric Patient »

Pediatric Shortness of Breath »

Capnography for Respiratory Distress »

Emergency Operations EMS1 »

Anaphylaxis »

CHF vs. COPD »

Sepsis »



Bound Tree University is dedicated to the continuing education of EMTs and Paramedics. All online courses are FREE and fully accredited by the Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS). Each course is worth 1.5 credit hours and they are approved for both Advanced Life Support (ALS) and Basic Life Support (BLS) providers.

In partnership with  Bound Tree and 



BoundTree
UNIVERSITY



NAVIGATING EVERY DAY CARE

As the healthcare landscape evolves, Curaplex® responds with cost-effective clinical products that enable providers to deliver quality treatment and improve patient outcomes. With a robust portfolio of everyday products and specialty solutions across multiple clinical categories, Curaplex® continues to anticipate the needs of tomorrow's healthcare while responding to the needs of today.



Thousands of Products



Significant Savings



Expert Account Managers



Continuous Quality Improvement



Nationwide Distribution



Innovative New Products

PRE-ASSEMBLED KITS

[learn more »](#)

SHOP MONTHLY DEALS

[see savings »](#)

NEW CATALOG

[view online »](#)

Kitting Solutions »



Airway/Oxygen Delivery »



Diagnostics »



Infection Control »



Trauma/Wound Care »



Instruments/Personal Items »



IV/Drug Delivery »



Immobilization »



Monitoring/Defibrillation »



SHOP ALL CURAPLEX® PRODUCTS »



Bound Tree

Your Partner In EMS

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www.boundtree.com

National References

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Andy.Zanoft@sfgov.org

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Wichita, KS 67209
316-218-8029
Duane.jones@flyeaglemed.com

Carl Flores, Director of Logistics
New Orleans EMS
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New Orleans, LA 70112
504-658-1552
cflores@cityofno.com

Rick Meadows
City of Columbus Fire Department
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Columbus, Ohio 43207
614-221-3132

Jeff Wainwright
Baltimore City Fire Department
3500 West Northern Parkway
Baltimore, MD 21215
410-396-2718
jeffrey.wainwright@baltimorecity.gov



Customer Service

Bound Tree Medical is focused on providing service to meet the needs of our customers throughout the United States. We have a deep commitment to help those that help others. The specialized market that we serve drives us to create the best possible solutions for our customers. We are here to serve you.

Our nationwide toll-free Customer Service line is 800-533-0523. Bound Tree Medical routes calls by origin of the zip code of the caller which, results in more customer awareness among those agents responding to customer calls.

There are a variety of methods to place orders and verify pricing:

- 1) Internet: Customers have access to real-time pricing and stock availability 24 hours a day, 7 days a week. www.boundtree.com
- 2) Email: Orders may be emailed to customer service at customerservice@boundtree.com.
- 3) Phone: Our dedicated team of customer service representatives can answer questions or take your orders from 7:30 AM to 8:00 pm EST.
- 4) Fax: Our nationwide toll-free fax line is available 24 hours a day at 800-257-5713.
- 5) Mail: Orders may be mailed to our corporate office. An order form is included in the back of our catalog for convenience.

The Customer Service Department is comprised of 27 staff members. Customer Service Representatives respond to inbound calls and make outbound calls to customers to provide information regarding product availability, shipment and delivery schedule changes. These same representatives are available to answer questions about shipments or process returns when necessary.

If an item goes onto a long term backorder, Bound Tree will work to find equivalent substitute items for the backorder. If it is the customer preference to approve all substituted items, Bound Tree Customer Service will seek approval prior to shipping sub items.

Bound Tree Medical is proud to offer our customers access to an Emergency Disaster Support line at 800-863-0953, which operates 24 hours a day, 7 days per week. It is staffed by on-call managers, who are accessible through routing of calls to cell phones. After leaving a message, a return call is originated within 20 minutes.

Bound Tree Medical allows customers to purchase on open account. The proper account application must be completed and submitted. Bound Tree Medical will assign an account number to each application. Each account has one billing/payables address but may have several shipping/receiving addresses.

In addition, the Federal Drug Administration (FDA) requires Bound Tree Medical to retain a Medical Director (physician) signature, contact information and license photocopy when purchasing legend items and/or pharmaceuticals.

Customers may purchase by Master Card, VISA, Discover or American Express. Prepaid orders are also accepted



Bound Tree

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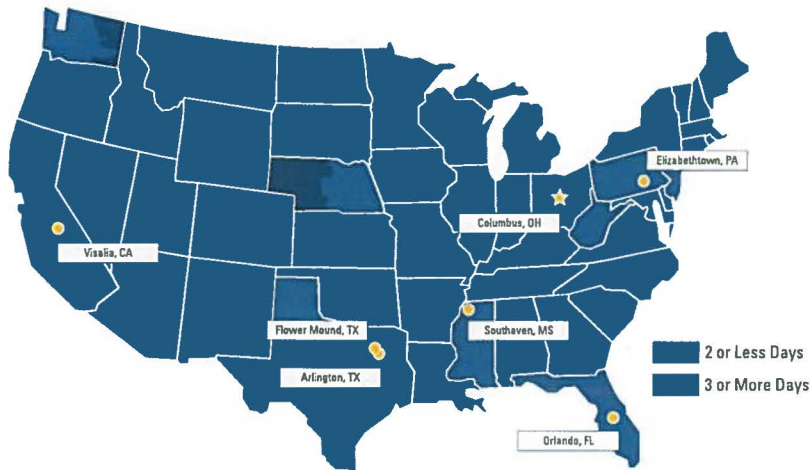
Dublin, OH 43016

614.760.5000

www.boundtree.com

Nationwide Distribution

Bound Tree operates 5 distribution centers strategically positioned for operational efficiency and disaster response. 96% of all of our customers can be reached using UPS Ground within 2 business days.



Offices:

Bound Tree Medical Headquarters

Bound Tree Medical
5000 Tuttle Crossing Blvd
Dublin, OH 43016
Phone: 800.533.0523
Fax: 800.257.5713
Web: www.boundtree.com

Distribution Centers: Bound Tree Medical

California

2237 N. Plaza Drive
Visalia, CA 93291

Mississippi

481 Airport Industrial Drive, Suite 103
Southaven, MS 38671

Pennsylvania

1605 Zeager Road, Suite 101
Elizabethtown, PA 17022

Texas

3221 E. Arkansas Lane, Suite 145
Arlington, TX 76010

Florida

7320 Kingspointe Pkwy, Suite 530
Orlando, FL 32819

Product Return Information

NON-WARRANTY PRODUCT RETURN POLICY

Prior to returning a product, please contact the Bound Tree Medical Customer Service Department at 800-533-0523 to obtain a return merchandise authorization (RMA) number. This will help us to expedite your return and allow us to give you the proper credit. Once you have received your RMA number please follow the return policy guidelines.

All pharmaceuticals, items with expiration dates, and items that are subject to FDA tracking requirements are not returnable. Bound Tree Medical will only accept returns for pharmaceuticals if it was an error on our part. If so, please contact us within 7 calendar days of receipt of the product to obtain an RMA number. Items received without an RMA or after 15 calendar days will not receive credit.

If Bound Tree Medical makes an error in fulfilling or shipping your order, we will promptly rectify the mistake at no cost to you. If we have made an error and you wish to return the product(s) to us, notification must be received within 15 days of invoice. Following the initial error notification, please follow the return policy guidelines:

Non-returnable Items Include:

1. Items that are special order items.
2. Items that are buy-to-order (BTO) items.
3. Items that have been marked or engraved.
4. Items returned with broken packaging or not in original packaging.
5. Customized items, any sterile product that has been opened or items determined by Bound Tree Medical not to be in resalable condition.
6. Product that is more than 60 days older than the invoice date.

Return Policy Guidelines:

1. Items returned within 30 days of the invoice date will not be subject to a restocking fee.
2. Items returned 31 - 60 days than the invoice date will be subject to a 15% restocking fee.
3. Items older than 60 days from the invoice date will not be accepted in our warehouse and will be returned to the customer.
4. Please write the RMA number clearly on the package label.
5. Enclose a copy of the original invoice or packing list in the box.
6. Send the package freight prepaid.

7. Returns must be received by Bound Tree Medical within 30 days of issuance of RMA number.

8. Items received without a RMA number will not be eligible for credit.

RETURNS FOR PERSONAL PROTECTIVE EQUIPMENT (PPE)

Bound Tree Medical has experienced a significant surge in orders for personal protective equipment (PPE) due to the outbreak of Ebola and we are working closely with our suppliers to keep up with the increased demand. To further this effort and ensure that we do not over-allocate products based upon excess order quantities, PPE products will no longer be eligible for return. Additionally, all open PO's for PPE products will not be cancellable after placement. This policy update is effective October 22, 2014. We will revisit this update when the Ebola crisis has subsided and alert you to any additional changes.

As indicated on the Bound Tree return policy, all returns require an approved RMA number. Items received without an RMA will not receive credit. Please contact Customer Service at 800-533-0523 if you have questions or would like additional information.

RETURN FOR REPAIRS

Items to be returned for repair must be prepared according to the most recent OSHA requirements. Items must be properly cleaned and verified with a statement on the outside of the package. Proof of purchase must be included with all manufacturer warranty repairs. Please contact our Customer Service Department for additional information.

CLAIMS

All claims for damage occurring in transit must be made upon receipt of goods by customer directly to the carrier. Please save all boxes and packing material. All shipment errors must be reported immediately upon receipt to Bound Tree Medical Customer Service.



Online Ordering Capabilities

- a. Bound Tree Medical provides a user-friendly online ordering system with advanced features that restrict user access to predefined products that can be approved for purchase using a predefined purchasing path with maximum or minimum users as defined by the contracted customer.
- b. The advanced user platform of BoundTree.com allows customers to self-administer (add/delete) their specific product offering based on the entire Bound Tree Medical online catalog.
- c. Users on BoundTree.com can gather information and prepare self-administered reports based on up to two years of historical data.
 - Trends can be tracked by running reports that can include all shipping locations, or that can be tailored to a specific shipping address.
 - A purchase summary report can be self-generated to view total products purchased over a selected period of time.
 - The purchase summary report can be sorted in ascending order by total sales per item.
 - Purchase summary reports and items per month reports can be self-exported in spreadsheet format for additional evaluation.
 - The purchase summary report provides item usage totals based on monthly, quarterly and yearly expenditures.
 - Reports can be self-exported in spreadsheet format.
- d. Product name, short description and detailed descriptions are maintained for items on BoundTree.com. Product photography is uploaded to the website based on manufacturer availability. Custom photography is also available to supplement manufacturer-supplied items.
- e. A "sold by" column is available on product detail pages to clearly describe available units of measure.
- f. Purchase requisition and order processing paths are predefined and self-administered by an online administrator. User roles include "order submitters" and "order approvers". Multiple-levels of approvers can be established with the option to auto-forward orders awaiting approval with no activity.
- g. Unit and total price for each order are displayed in the shopping cart checkout process.
- h. A web administrator can setup and self-administer user IDs which trigger an' e-mail to the user for password setup. Self-administered password reset tools are available to users.
- i. The system does permit an administrator to specify maximum quantities that can be ordered for a given item on a single order. Quotas provide a way for an administrator to self-administer total purchases. To maintain maximum item thresholds, order approvers can monitor and adjust each item on purchase requests throughout the approving and purchasing process.
- j. The purchase requisition process provides date and time stamps for all purchase requisition activities.
- k. Invoice history is posted on BoundTree.com for user access.

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
Concordance Healthcare Solutions, LLC ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between Concordance Healthcare Solutions, LLC having offices at 85 Shaffer Park Drive, Tiffin, OH 44883 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference
- 1.1.3 Concordance's Offer, dated May 8, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68

Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58

Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70

QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,

Boundtree – Items 3.17, 3.29, 3.31, 3.63, 3.72

Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.47,

Southern Safety – Items 3.5, 3.33, 3.50, 3.57

Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

**CONCORDANCE
SOLUTIONS, LLC**

HEALTHCARE

CITY OF AUSTIN



Printed Name of Authorized Person



Signature



Title:



Date:

Erin D'Vincent

Printed Name of Authorized Person



Signature

Procurement Supervisor

Title:



Date:

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: Concordance Healthcare Solutions, LLC
Company Address: 85 Shaffer Park Drive
City, State, Zip: Tiffin, OH 44883
Federal Tax ID No: _____
Printed Name of Officer or Authorized Representative: Jo Ann Rudd
Title: EMS Specialist
Signature of Officer or Authorized Representative: Jo Ann Rudd
Date: 5/8/18
Email Address: JRudd@ConcordanceHS.com
Phone Number: 888-540-3232

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**



**BID SHEET
CITY OF AUSTIN
EMS MEDICAL SUPPLIES**

SOLICITATION NO.: **IFB 9300 EAD0262**

BUYER: **Erin D'Vincent**

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

A bid of "0" (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of "no bid" or no response (space left blank) will be interpreted by the City that the Offeror does not wish to bid on that item. Be advised, a "no bid" or no response may be considered as non-responsive and may result in disqualification of the bid.

Prices offered on the bid sheet shall be all inclusive of fees not expressly allowed in Section 0500. The Offeror shall not charge separately for administrative, overhead, per diem, and shipping or transportation costs (travel time, fuel surcharges, mileage, stop-fee, etc.) to deliver services or items to the Austin, Texas area. The Offeror shall provide all tools, labor, travel, and equipment necessary to perform the services required under this contract.

Items listed as branded shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded. If bidding a substitute product, please indicate the proposed substitution in Column L.

The City intends to award multiple awards based on categories of specific line items, pricing, or any criteria or combination deemed most advantageous to the City. An Offeror shall bid on all sections of a category in order to be considered for award of that category.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000		\$0.00	Not Branded	WestWard OR EQUAL	NDC 641602725			
1.2	Midazolam (Versed) 5mg/ml. 1m SDV. Class III	EACH	6,000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01			
1.3	Ketamine. 5-mL multi-dose vial 100 mg/mL. CLASS III	EACH	1,200		\$0.00	Not Branded	WestWard OR EQUAL	0143-9509-10			
SUBTOTAL FOR CATEGORY 1 =				\$0.00							

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-6637-34			
2.2	2% Lidocaine HCl Injection, USP 100mg/5ml, LifeShield, Luer lock adapter with 20g protected needle	EACH	996		\$0.00	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34			
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL Vial	EACH	1,500		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1469-5 or NDC 76329-3369-1			
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe. Luer lock.	EACH	450		\$0.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01			
2.5	Amiodarone Hydrochloride Injection 150mg/3ml (50mg/ mL) SDV	EACH	1,160		\$0.00	Not Branded	PHARMACEUTICAL OR EQUAL	63323-0616-03			
2.6	Adenosine 12mg/4ml SDV	EACH	1,176		\$0.00	Not Branded	PHARMACEUTICAL OR EQUAL	NDC 63323-651-04			
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.	EACH	300		\$0.00	Not Branded	AUROBINDO OR EQUAL	65862-390-10			
2.8	0.9% Sodium Chloride Injection USP. 1000ml. IV bag.	EACH	20,000	\$2.71	\$54,200.00	Not Branded	B.BRAUN OR EQUAL	L8000	349621		12/cs \$32.52
2.9	0.9% Sodium Chloride Injection, USP. 250ml I.V Bag	EACH	8,000	\$2.57	\$20,560.00	Not Branded	B.BRAUN OR EQUAL	L8002	459727		24/cs \$61.68
2.10	Sterile Water 500ml. Plastic Bottle Container	EACH	3,000	\$1.64	\$4,920.00	Not Branded	B.BRAUN OR EQUAL	R5001-01	254531	Nurse Assist 6290	EA or 18/cs
2.11	Dextrose 10% in sterile water USP 250ml. IV Bag	EACH	3,000	\$2.78	\$8,340.00	Not Branded	B.BRAUN OR EQUAL	(L5202) NDC 00264-7520-20	309598		24/cs \$66.72
2.12	Hurricane® Spray. 2oz	EACH	144		\$0.00	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02			
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300		\$0.00	Not Branded	PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30			
2.14	Haloperidol (HALDOL) 5mg / mL. 1mL Vial	EACH	696		\$0.00	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01			
2.15	Glucagon Kit: 1 vial containing 1 mg (1 unit) Glucagon (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700		\$0.00	Not Branded	FRESENIUS OR EQUAL	63323-0593-03			

2.16	Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL. Abboject* Prefilled Syringe	EACH	18000		\$0.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34			
2.17	0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000	\$0.29	\$14,300.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	8881570121	257007	Nurse Assist 1210-BP	100/bx \$28.60
2.18	NITROMIST Pumpspray	EACH	300		\$0.00	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08			
2.19	Glucose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000	\$3.05	\$6,100.00	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30	253183	Microdot Glucose 703-03	3/pk \$9.15
2.20	Levophed. 1mg/ml. 4ml ampoule.	EACH	1,500		\$0.00	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25			
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-6006-01			
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000		\$0.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05			
SUBTOTAL FOR CATEGORY 2 =				\$108,420.00							
CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	\$1.47	\$14,700.00	BRANDED	3M	2082	428987		EA or 36/cs
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	\$0.83	\$33,040.00	BRANDED	3M	1870	215056		20/bx \$16.52
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	\$0.86	\$2,159.00	BRANDED	3M	1626	946046		50/bx \$43.18
3.4	Electrodes, Blue Sensor SP.	EACH	16,000	\$0.24	\$3,798.40	BRANDED	AMBU	SP-00-S/50	219277		50/pk \$11.87
3.5	C-Collar. Adult	EACH	7,000	\$5.16	\$36,120.00	BRANDED	AMBU	281-000	303861		EA or 30/cs
3.6	10 Drop Intervenus Set.	EACH	22,500	\$3.06	\$68,850.00	BRANDED	AMSINO	MRA10E-95	NEW		50/cs \$153.00
3.7	60 Drop Intervenus Set. Custom	EACH	5,000	\$5.58	\$27,900.00	BRANDED	AMSINO	MRSA60E-88	NEW		50/cs \$279.00
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000	\$0.88	\$22,000.00	BRANDED	B.BRAUN	480206	726949		EA or 50/cs
3.9	Glucometer Check Strip	EACH	2,500	\$0.29	\$722.00	BRANDED	BAYER HEALTHCARE	7099C	139849		50/bx \$14.44
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	\$0.40	\$2,815.89	BRANDED	BECTON DICKINSON	303390	214577		1000/cs \$402.27
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	\$0.30	\$4,195.80	BRANDED	BECTON DICKINSON	303346	411124		100/bx \$29.97
3.12	sharps container 3 gal	EACH	500	\$4.88	\$2,440.00	Not Branded	BECTON DICKINSON OR EQUAL	305436	607317	Covidien/Kendall 85221R	EA or 10/cs
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720	\$2.61	\$1,879.20	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	750391	Dynarex 4675	EA or 40/cs
3.14	Disposable Pillow 15 ounce fill. 17 inches X 24 inches. White.	EACH	2,000	\$2.19	\$4,380.00	Not Branded	CARELINE OR EQUAL	089-0715	615104		EA or 12/cs
3.15	Tourniquet® (C-A-T®)	EACH	500	\$22.71	\$11,355.00	BRANDED	COMPOSITE RESOURCE	30-0001	255230		EA
3.16	Veni-Gard IV Dressing	EACH	33,300	\$0.33	\$10,855.80	BRANDED	CON-MED	705-4431	279539		100/bx \$32.60
3.17	Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000	\$17.46	\$785,700.00	BRANDED	COVIDIAN (ORIDION)	010209	209309		100/bx \$1746.00
3.18	Sharps Dart, Sharps container with one time lockab le seal, 6.5 in 1½" diameter x 6½" Inside Length	EACH	15,000	\$1.38	\$20,700.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	750382	Dynarex Shaft 4630	EA or 24/cs
3.19	Tourniquet. 1 inch x 18 inch. Light Blue	EACH	36,000	\$0.07	\$2,376.00	Not Branded	DAWNMIST OR EQUAL	4371	120120	Graham Field 4109-1LF	250/bx \$16.50
3.20	Limb Holder 2 each per PAIR	EACH	3,000	\$7.37	\$22,110.00	BRANDED	DEROYAL	M2052	NEW		50/cs \$368.50
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious. with Loop-Loc™ ends.	EACH	5,000	\$5.43	\$27,150.00	BRANDED	DICK MEDICAL	37172 (OR)	NEW		EA
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500	\$0.59	\$3,238.40	Not Branded	DYNAREX OR EQUAL	3161	660266	Dukal 645	100/cs 58.88
3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000	\$0.39	\$3,900.00	Not Branded	DYNAREX OR EQUAL	4512	220227		24/cs \$9.36
3.24	O.T.D. (OPTIMUM TRACTION DEVICE). Orange	EACH	48	\$77.35	\$3,712.80	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800	752731		EA
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	\$577.20	\$23,088.00	BRANDED	ENGEL	MD14F	162394		EA
3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175	\$14.92	\$2,611.00	BRANDED	ETHOX INTERNATIONAL INC	4010	177571		5/bx \$74.60

3.27	Model 65 Scoop™ Stretcher	EACH	12	\$486.81	\$5,841.72	BRANDED	FERNO	PT6500	NEW		EA
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	\$1.24	\$49,600.00	BRANDED	GKR INDUSTRIES	7000 HP	116674		240/cs \$297.60
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$1.51	\$181,680.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	760369		30/cs \$45.42
3.30	MegaMover® 1500	EACH	5,000	\$15.43	\$77,150.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	138329		EA or 10/cs
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000	\$0.31	\$13,020.00	BRANDED	HUDSON RCI	1103	104674		EA or 50/cs
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$0.66	\$5,478.00	Not Branded	HUDSON RCI OR EQUAL	1060	816709	Ventlab 2102	EA or 50/cs
3.33	Micro Mist® Nebulizer	EACH	2,800	\$0.67	\$1,876.00	BRANDED	HUDSON RCI	1883	307982		EA or 50/cs
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.22	\$1,760.00	Not Branded	HUDSON RCI OR EQUAL	1115	183454	Ventlab 3007	EA or 50/cs
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$0.34	\$1,020.00	Not Branded	HUDSON RCI OR EQUAL	1083	183451	Ventlab 2110	EA or 50/cs
3.36	Nitrile Glove. X-Large	EACH	7,000	\$0.08	\$529.20	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182350	709015		100/bx, 10bx/cs, \$75.60
3.37	Nitrile Glove. Large	EACH	10,000	\$0.08	\$756.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182300	709012		100/bx, 10bx/cs \$75.60
3.38	Nitrile Glove. Medium	EACH	6,000	\$0.08	\$453.60	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182200	709009		100/bx, 10bx/cs \$75.60
3.39	Nitrile Glove. Small	EACH	3,000	\$0.08	\$226.80	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	182100	709006		100/bx, 10bx/cs \$75.60
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500	\$23.33	\$34,995.00	BRANDED	INTERSURGICAL INCORPORATED	8705000	223831		EA or 6/cs
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500	\$23.33	\$58,325.00	BRANDED	INTERSURGICAL INCORPORATED	8704030	223830		EA or 6/cs
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200	\$23.33	\$27,996.00	BRANDED	INTERSURGICAL INCORPORATED	8703030	223829		EA or 6/cs
3.43	Backboard Lime Green	EACH	30	\$121.16	\$3,634.80	BRANDED	IRON DUCK	35900	NEW		EA
3.44	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.	EACH	236,000	\$0.01	\$2,501.60	Not Branded	KENDALL TACO HEALTHCARE OR EQUAL	9024	752257	Emphasis H44420	200/pk \$2.12 or 10pk/cs \$21.20
3.45	Fluid Shield Procedure Mask	EACH	9,000	\$0.37	\$3,322.80	Not Branded	KIMBERLY CLARK OR EQUAL	47137	749176	Dukal 1560	25/bx \$9.23 or 8bx/cs \$73.84
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500	\$3.87	\$29,025.00	BRANDED	LAERDAL	700-00001	770713		EA or 30/cs
3.47	Thomas Select Tube Holder, Adult	EACH	1,200	\$3.37	\$4,044.00	BRANDED	LAERDAL	600-42500	244370		25/pk \$84.25
3.48	Laerdal Suction Unit	EACH	100	\$747.35	\$74,735.00	BRANDED	LAERDAL	78002001	236320		EA
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000	\$0.82	\$16,472.00	BRANDED	MEDLINE	NON 24335	239828		50/pk \$41.18
3.50	VIONEX® Antiseptic Towelette.. Individually packaged	EACH	50,000	\$0.18	\$8,830.00	BRANDED	METREX	10-1510	869180		50/bx \$8.83
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	\$8.98	\$10,776.00	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056	242773		EA
3.52	Adlt/Ped filterline set (Airway Adapter Set)	EACH	2,500	\$13.00	\$32,500.00	BRANDED	ORIDION	XS04620	145806		25/cs \$325.00
3.53	Atlas Cervical Collar. SIZE: Infant Short	EACH	500	\$16.00	\$8,000.00	BRANDED	OSISUK PHILADELPHIA ATLAS	PHP-A110	733786		EA
3.54	SMART-BAG MO Size:Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	\$26.85	\$53,700.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs	790276		12/cs \$322.20
3.55	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	\$28.47	\$42,705.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs	790279		12/cs \$ 341.64
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	\$60.99	\$548,910.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS	790306		10/cs \$609.90
3.57	Unistik® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.16	\$6,560.40	BRANDED	OWEN MUMFORD	AT 0712	301670		100/BX \$15.62
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	\$0.14	\$281.00	BRANDED	PDI	B10800	142226		100/BX \$14.05
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900	\$0.10	\$93.60	BRANDED	PDI	Q86984	327577		65/TUB \$6.76
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4	\$624.75	\$2,499.00	BRANDED	QUANTUM EMS	Q-BABY/ADD	794686		EA Q-ACR/4
3.61	Sam Splints™ Flatfold	EACH	1,400	\$8.05	\$11,270.00	BRANDED	SAM MEDICAL	SP1121F	805942		60/CS \$483.00
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	\$65.62	\$7,874.40	BRANDED	SAM MEDICAL	SL556652-LG	221165		EA
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	\$65.62	\$7,874.40	BRANDED	SAM MEDICAL	SL556652-SM	221163		EA
3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	\$1.65	\$33,000.00	BRANDED	SMITHS MEDICAL	3066	733592		EA or 50/bx or 4bx/cs

3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000	\$1.65	\$33,000.00	BRANDED	SMITHS MEDICAL	3065	733600		EA or 50/bx or 4bx/cs
3.66	I.V. Catheter Size: 16G x 1 1/4" Grey	EACH	2,200	\$1.65	\$3,630.00	BRANDED	SMITHS MEDICAL	3062	847665		EA or 50/bx or 4bx/cs
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200	\$1.65	\$3,630.00	BRANDED	SMITHS MEDICAL	3060	733618		EA or 50/bx or 4bx/cs
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000	\$2.10	\$6,300.00	BRANDED	SSCOR INC	44241	780730		EA
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$7.17	\$57,360.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090	NEW	Graham Medical 77723	10/cs \$71.70
3.70	Mucosal Atomization Device	EACH	3,000	\$5.94	\$17,820.00	BRANDED	TELEFEX MEDICAL	MAD300	136955		EA or 25/cs
3.71	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.	EACH	2,000	\$1.33	\$2,660.00	Not Branded	TIDI OR EQUAL	980043	749287	Dukal 7303	EA or 50/cs
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$4.83	\$1,970.64	Not Branded	VERIDIAN OR EQUAL	02-1081	817300		EA or 24/cs
SUBTOTAL FOR CATEGORY 3 =				\$2,637,484.25							
CATEGORY 4 - CONVENIENCE KITS											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	\$3.99	\$27,930.00	Not Branded	Vendor Assembled	N/A	NEW	Motion Medical 1644	50/cs \$199.50
SUBTOTAL FOR CATEGORY 4 =				\$27,930.00							
CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only)											
The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be fixed throughout the term of the Contract including any subsequent extension periods.											
This information will not be used in the evaluation of the bid but is for informational purposes only and there is no guarantee of purchase. Information should be included on Attachment A.											
CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only) See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information											
DESCRIPTION		MAXIMUM RESTOCKING FEE PERCENTAGE									
Restocking Fees		25.00%									
DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED											
DELIVERY METHOD: <input checked="" type="checkbox"/> COMMON CARRIER (FedEx,UPS) <input type="checkbox"/> VENDOR DELIVERY											
COMPANY NAME:		Concordance Healthcare Solutions, LLC 85 Shaffer Park Drive, Tiffin, OH 44883									
EMAIL ADDRESS:		Jnudd@concordancehs.com									

**MEDICAL SUPPLIES
IFB 9300 EAD0262
ATTACHMENT A**

VENDOR SHALL LIST THE PERCENT DISCOUNT FROM CATALOG LIST PRICE THAT WILL BE OFFERED TO THE CITY FOR EACH APPLICABLE MANUFACTURER. IF VENDOR IS NOT ABLE TO PROVIDE A PARTICULAR MANUFACTURER, THE PERCENT DISCOUNT BOX SHALL BE LEFT BLANK.

LINE #	OTHER MANUFACTURERS	Discount from Manufacturer's Catalog List Price
1	ABBOTT LABS:	%
2	ADENNA	28 %
3	ADI MEDICAL	28 %
4	ADVANCED CIRCULATORY SYSTEM	%
5	AES INC	%
6	ALPHA PROTECH	28 %
7	AKORN:	%
8	AKRIMAX PHARMACEUTICALS:	%
9	AMERICAN DIAGNOSTICS CORPORATION:	28 %
10	AMPHASTAR-IMS:	%
11	AMSINO	28 %
12	AMVEX	%
13	APP PHARMACEUTICALS	%
14	ARMSTRONG MEDICAL:	%
15	BAYER HEALTHCARE:	28 %
16	BAUSCH AND LOMB	%
17	BEDFORD LABORATORIES:	%
18	BEMIS HEALTHCARE:	28 %
19	BPI LABS	%
20	CARELINE	28 %
21	COMPOSITE RESOURCE:	%
22	CON-MED:	28 %
23	COVIDIEN	28 %
24	CURAPLEX	%

25	DAWNMIST:	28	%
26	DEROYAL	28	%
27	DEY LABORATORIES:		%
28	DICK MEDICAL	28	%
29	DUKAL	28	%
30	DUPONT		%
31	DURAPORE	28	%
32	ELITE CREATORS		%
33	EMERGENCY PRODUCTS AND RESEARCH:	28	%
34	ENGEL USA	20	%
35	ESTILL MEDICAL		%
36	ETHOX INTERNATIONAL INC:	28	%
37	FRESENIUS		%
38	FOUGERA PHARMACEUTICALS:		%
39	FUTURA		%
40	GKR INDUSTRIES:	28	%
41	GLENMARK		%
42	GRAHAM MEDICAL:	28	%
43	GREENFIELD MEDICAL:		%
44	HARTMANN:	28	%
45	HONEYWELL		%
46	ICE KOLD:		%
47	INNOVATIVE HEALTHCARE MEDICAL	20	%
48	ICU MEDICAL	28	%
49	INNOVATIVE HEALTHCARE	28	%
50	INTERSURGICAL INCORPORATED	28	%
51	IRON DUCK:	28	%
52	KENTRON HEALTHCARE		%
53	KINGFISHER MEDICAL		%

54	KINGFISHER MEDICAL	%
55	MASIMO:	28 %
56	MERIDIAN MEDICAL TECHNOLOGIES:	%
57	MEDPRIDE	%
58	MEDSOURCE	28 %
59	MCNEIL CONSUMER HEALTHCARE	%
60	MICROBVM	%
61	MIRION TECHNOLOGIES:	%
62	METREX :	28 %
63	MOCKMEDS	%
64	MOORE MEDICAL:	%
65	MORTAN	28 %
66	MYDENT INTERNATIONAL	%
67	NATUS (NICOLET)	%
68	NORTH AMERICAN RESCUE:	28 %
69	NUTRAMAX:	28 %
70	NOVAMED USA	%
71	O-Two Medical	%
72	ORIDIAN:	%
73	OSSUR PHILADELPHIA ATLAS:	28 %
74	OWEN MUMFORD:	28 %
75	PADDACK LABS:	%
76	PAR STERILE PRODUCTS LLC	%
77	PEDIA	%
78	PHARMACEUTICAL ASSOCIATES	%
79	PHILIPS ELECTRONICS NORTH AMERICAN	%
80	POSEY:	28 %
81	PULMODYNE:	%
82	PURRELL	28 %

83	ROUSE PHARMACEUTICALS	%
84	RUGBY LABORATORIES:	%
85	QUANTUM EMS	28 %
86	SAFETEC OF AMERICA	28 %
87	SAFETY INTERNATIONAL	%
88	SAGENT PHARMACEUTICALS:	%
89	SAM MEDICAL:	28 %
90	SEIKO	%
91	SPERIAN	%
92	SSCOR INC:	%
93	STRYKER MEDICAL	%
94	TAYLOR HEALTHCARE	10 %
95	THOMAS EMS	28 %
96	TIDI:	28 %
97	VIASYS HEALTHCARE	%
98	VERIDIAN	28 %
99	WELCH ALLYN	%
100	WEST-WARD PHARMACEUTICALS:	%
101	WOLFE TORY MEDICAL:	28 %
102	UCAPIT	%
103	Z-MEDICA	28 %
104	ZOLL MEDICAL	%
105	FOR ALL OTHER MANUFACTURERS NOT SPECIFIED	28 %

* Discount is based on website
list price at time of order
www.concordancehealthcare.com

N/A

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference Sheet

Responding Company Name

Concordance Healthcare Solutions LLC

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name

Name and Title of Contact

Project Name

Present Address

City, State, Zip Code

Telephone Number

()

Fax Number ()

Email Address

2. Company's Name

Name and Title of Contact

Project Name

Present Address

City, State, Zip Code

Telephone Number

()

Fax Number ()

Email Address

3. Company's Name

Name and Title of Contact

Project Name

Present Address

City, State, Zip Code

Telephone Number

()

Fax Number ()

Email Address

**Concordance Healthcare Solutions LLC
REFERENCE LIST**

Department Name & Address	Phone #	Contact Name
<i>Town of Highland Park</i> 4700 Drexel Dr Dallas, TX 75205	214-559-9397	Ryan Dikes rdikes@hpdps.org
<i>Clinton Fire Dept</i> 344 3rd Ave S Clinton, IA 52732	563-242-0125	Joe Bonnell jbonnell@clintonfd.us
<i>St James Fire District</i> 221 Jefferson Ave St James, NY 11780	631-584-5799	Chris Gryciuk sjfdm@optonline.net
<i>Great Neck Alert Hook & Ladder Fire Dept</i> 555 Middle Neck Road Great Neck, NY 11023	516-487-1058	George Motchkavitz squeeggee083@gmail.com
<i>Melbourne Fire Dept</i> 1500 Hickory St Melbourne, FL 32901	321-288-7685	Mike Dalton mdalton@melbourneflorida.org
<i>Miami Dade Fire Rescue Dept</i> 6000 SW 87th Ave Miami, FL 33173	786-336-3162	Marisabel Bernejo marisabel.bernejo@miamidade.gov
<i>Oregon County Ambulance District</i> 203 Front St Thayer, MO 65791	417-280-1463	Ken McKenzie KMckenzie.ocad@gmail.com

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 8 day of May, 2018

CONTRACTOR

Authorized Signature

Title

Concordance Healthcare Solutions LLC
John Ried
EMS Specialist

Section 0835: Non-Resident Bidder Provisions

Company Name Concordance Healthcare Solutions, LLC

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: non-resident bidder

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: NO Which State: gk

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: _____

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	Concordance Healthcare Solutions LLC		
City Vendor ID Code			
Physical Address	58 Shaffer Park Dr		
City, State Zip	Tiffin, OH 44883		
Phone Number	888-540-3232	Email Address	jkubbl@concordancehs.com
Is the Offeror City of Austin M/WBE certified?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Jo Ann Kudd, EMS Specialist

Jo Ann Kudd 5/8/18

Name and Title of Authorized Representative (Print or Type)

Signature/Date



**ADDENDUM
PURCHASING OFFICE
CITY OF AUSTIN, TEXAS**

Solicitation: IFB 9300 EAD0262

Addendum No: 1

Date of Addendum: May 4, 2018

This addendum is to incorporate the following changes to the above referenced solicitation:

- I. Clarifications:** Strike the information on Section 0600 Bid Sheet that states: An Offeror shall bid on all sections of a category in order to be considered for award of that category.

The City does NOT require an Offeror to bid on all sections of any of the categories to be considered for award. However, the City reserves the right to award in whichever method is most advantageous to the City.

II. Questions:

(Q1) If there are terms and conditions a Vendor may not be able to agree to will the City consider exceptions to terms and conditions?

(A1) No

(Q2) Specifically, if there are insurance requirements that a Vendor may not be able to agree to will the City consider exceptions to insurance terms and conditions?

(A2) No

(Q3) Would a Vendor's use of self/captive insurance be deemed to satisfy the insurance requirements of the resulting contract?

(A3) Only if they meet all of the requirements outlined in Section 0400, Item 3, and approved by the City's Risk Manager.

(Q4) If the Vendor does not have a published list price, will the City as an alternative accept Vendor's Internal (non-published) Government List Price which is a price for commercial items. Offeror's Internal Government List Price reflects market and manufacturer price adjustments (increases or decreases) for items sold to both Government and Commercial Customers so the price being offered to the City will reflect changes in the marketplace?

(A4) Only if a copy can be provided to the City and meet all of the requirements listed in Section 0400, Item 11.

(Q5) Could you please provide an example or link to the INNOVATIVE HEALTHCARE OR EQUAL NEP4350, NEP4300, NEP4200 and NEP4100 gloves?

(A5) <https://ihcsolutions.com/product/182-nitriderm-ep-nitrile-exam-gloves-extended-cuff/>. The item numbers have changed to 182050 (XS), 182100 (S), 182200 (M), 182300 (L), 182350 (XL), 182400 (XXL). Please update bid submissions for items 3.36 through 3.39 in Section 0600 Bid Sheet to the new item numbers above.

(Q6) The section requiring a % off of list, Attachment A. Manufacturers do not have a MFG List price, what will you be using to determine this?

(A6) Please list the catalog discount percent your firm is offering off of the manufacturer's list price.

(Q7) Section 900 Subcontracting, since there are no subcontracting goals for this Solicitation, would we just skip 0905 and not answer any of the questions?

(A7) If your firm does not intend to subcontract, check the no box on Section 0900 Subcontracting/Sub-consulting Utilization Form and fill out the Offeror Information. If you do not intend to subcontract then Section 0905 Subcontracting/Sub-consulting Utilization Plan is not required to be filled out and returned.

(Q8) Section 0400 #10 Hazardous Materials, do you want all MSDS sheets submitted with the bid, or only if awarded those particular items that require this?

(A8) As requested by the City, the Contractor shall provide the MSDS online or will provide a hard copy for each order.

(Q9) Published Price Lists: If the manufacturer doesn't provide a price list for the discount, how do we respond to this?

(A9) List 0%.

(Q10) Economic Price Adjustments: Will the City accept documented price increase letters from the manufacturer if there is one, or will the City follow D Indexes and E Calculation for adjustments only?

(A10) Per Section 0400 Supplemental Purchasing Provisions, Item 13.F "If the requested adjustment is not supported by the referenced index, the City, at its sole discretion, may consider approving an adjustment on fully documented market increases."

(Q11) Regarding Section 0500 Specifications, Item 3.2, does the City require a letter from each manufacturer represented in Categories 1-4, to be submitted at the time the bid is submitted?

(A11) Yes. Or, a business memo listing all manufacturer or branded products the company is authorized to distribute signed by the business CEO, President, or equal position will suffice.

(Q12) Regarding Section 0500 Specifications 4.1-4.13, does the City need proof/acknowledgement of each point with bid submission?

(A12) Yes. Same answer as A11.

(Q13) Normally when a tourniquet is requested there is also a request for hemostatic gauze as well. Is this something that is being added to the bid?

(A13) The City is not requesting this as a line item on the bid sheet.

(Q14) Which inventory management system is the City of Austin currently using for their EMS supplies?

(A14) Maximo for inventory management.

(Q15) Who does the City currently use for reverse distribution?


(A15) The City is not currently using reverse distribution for medical supplies or pharmaceuticals.

(Q16) We are unable to find more information on the item numbers given for lines 3.36 through 3.39.

(A16) Please see A5 above.

III. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

APPROVED BY:


Erin D'Vincent, Procurement Specialist IV
Purchasing Office, 512-974-3070

5/4/18

Date

ACKNOWLEDGED BY:


Name


Authorized Signature

5/9/18
Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICITATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

Key Advantages:

- In-house water purification plant combined with a closed loop delivery system reduces the risk of particulate and contamination
- Over ten years of in-house medical grade water and saline has gained the confidence of customers around the world
- Pre & Post-sterile in-house chemistry labs are utilized for continued process controls and to ensure products meet USP requirements
- The solutions are made with a true multi-stage water purification system using Reverse Osmosis (RO) and not just a water treatment process.
- Our bottle filling process is monitored closely by multiple individuals, which ensures we are producing a safe and reliable product

USP Sterile Solutions

Wound/Device Irrigation & Feeding Tube Flushing

Introducing the 1000 mL Bottle

100 mL

ITEM ID: 6240 (Normal Saline): 48 /cs

ITEM ID: 6250 (Sterile Water): 48/cs

250 mL

ITEM ID: 6270 (Normal Saline): 24 /cs

ITEM ID: 6260 (Sterile Water): 24/cs

120 mL

ITEM ID: 6220 (Normal Saline): 48 /cs

ITEM ID: 6210 (Sterile Water): 48/cs

500 mL

ITEM ID: 6280 (Normal Saline): 18 /cs

ITEM ID: 6290 (Sterile Water): 18/cs

1000 mL

ITEM ID: 6281 (Normal Saline): 6 /cs

ITEM ID: 6291 (Sterile Water): 6/cs

New



- Made in USA
- In-line filling system
- Gamma Sterilized
- Latex Free
- 24-Month Shelf Life
- FDA Approved

Nurse Assist, Inc. 4409 Haltom Road, Haltom City, TX 76117

www.nurseassist.com

1 800 649 6800

**Nurse
Assist**

Key Advantages:

- In-house water purification plant combined with a closed loop delivery system reduces the risk of particulate and contamination
- Over **ten years** of in-house medical grade water purification and saline has gained the confidence of customers around the world
- Pre & Post sterile in-house chemistry labs are utilized for continued process controls and to ensure products meet USP requirements
- The use of an FDA-registered 3rd-party laboratory for additional post sterile testing and process support confirms we are maintaining the highest quality and safest products possible
- Our syringe filling process is monitored closely by multiple individualized and automated inspection stations, which ensures we are producing a safe and reliable product

0.9% Prefilled IV Flush Syringes



3 mL

ITEM ID: 1203

5 mL

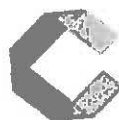
ITEM ID: 1205

10 mL

ITEM ID: 1210

2.17

MMS is Now:



CONCORDANCE™
HEALTHCARE SOLUTIONS



- Made in USA
- Individually Packaged
- Gamma Sterilized
- 180 Syringes to a Case
- 24-Month Shelf Life
- FDA Approved
- Luer Lock Tip
- Latex Free



CONCORDANCE™
HEALTHCARE SOLUTIONS

p. 888-540-3232 f. 800-545-0065

Manufactured by:

Nurse Assist, Inc. 4409 Haltom Road, Haltom City, TX 76117

Syringe Information



Since introduction into clinical use in the early 2000's, prefilled IV flush syringes have proven to be a convenient and cost effective tool for the medical professional.

Feature	Benefit
<i>12mL syringe barrels</i>	Standard syringes for a natural feel. 12mL syringe barrels have less pressure than a 10mL syringe barrel.
<i>Drug stopper quality plunger tip</i>	Delivers low break force to easily remove air bubble. Also provides greater sensitivity to plunger movement.
<i>Low break force</i>	Delivers low break force to easily remove air bubble. Also provides greater sensitivity to plunger movement.
<i>Latex and Preservative free</i>	Latex and Preservative Free.
<i>Labeled specifically for flushing</i>	1mL graduation increments to help discourage clinicians from mixing medication in the syringe.

Question	Answer
<i>Is your syringe Latex Free, Preservative Free & DEHP Free?</i>	Yes, they are Latex, Preservative & DEHP free.
<i>Can your syringe be dropped on a sterile field?</i>	No.
<i>Is your syringe sterile?</i>	Only the fluid and fluid path are guaranteed sterile.
<i>Is your syringe terminally sterilized?</i>	Yes.
<i>How is your syringe Sterilized?</i>	Gamma Irradiation.
<i>What is the pressure on your 12mL syringe?</i>	10psi with "normal" 3 lbs thumb pressure.

Manufactured by:
Nurse Assist, Inc. 4409 Haltom Road, Haltom City, TX 76117

2.19 *microdot*® Glucose Gel

Fast acting • Great Tasting Gel

microdot® Glucose Gel

boosts low blood sugar

QUICK
TWIST OFF
CAP

Fast acting glucose gel 40% w/w

Meets American Diabetes Association's
recommended dose of 15g glucose

Each tube contains 15g glucose



3 - 37.5g tubes per box

microdot® Glucose Gel absorbs faster and more
efficiently than sugar found in candy or food

PRECISE, FAST ACTING SINGLE DOSE OF PURE GLUCOSE

- Rapidly absorbed glucose gel 40% w/w
- Precise dose
- Easy to use gel with quick twist off cap
- Meets American Diabetes Association's recommended dose of 15g glucose
- Great fruit flavor
- No mess

Ingredients

water, glucose syrup, glucose monohydrate, gelling agent (xanthan gum), flavoring, acidity regulator (citric acid), preservatives (potassium sorbate, sodium benzoate), antioxidant (ascorbic acid).

Nutritional values	Per 37.5g tube	% Daily Value*
Energy	60 calories	3%
Protein	0g	0%
Carbohydrates	14.25g	5%
of which sugars	10.05g	
Fat	traces	0%
Fibre	traces	0%
Sodium	traces	0%

* based on a 2,000 calorie diet

to order *microdot*® Glucose Gel
CALL 1.877.374.4062

product number 703-03

In-Room™ Sharps Containers with Always-Open Lid



In-Room™ System with Always-Open Lid

- Always-Open lids provide convenient, quick and easy point-of-use sharps disposal.
- Accommodates larger syringes.
- Economical horizontal drop maximizes container volume.
- Containers easily lock for final disposal.
- 8.5" wide opening will accept up to 60mL syringe.
- Wall enclosures, brackets and adhesive-backed holders are available.



Code	Description	Dimensions	Ship Case
851201	5 Quart, Clear	11"H x 4.75"D x 10.75"W	20
851301	5 Quart, Transparent Red	11"H x 4.75"D x 10.75"W	20
85321	2 Gallon, Clear	11.5"H x 6"D x 13.75"W	10
85321R	2 Gallon, Transparent Red	11.5"H x 6"D x 13.75"W	10
85221	3 Gallon, Clear	16.25"H x 6"D x 13.75"W	10
85221R	3 Gallon, Transparent Red	16.25"H x 6"D x 13.75"W	10

In-Room™ Sharps Containers with Mailbox-Style Lid



In-Room™ System with Mailbox-Style Lid

- Mailbox-style lid can be kept closed when container is not in use.
- Economical horizontal drop maximizes container volume.
- Containers lock for final disposal.
- Wall enclosures, brackets and adhesive-backed holders are available.



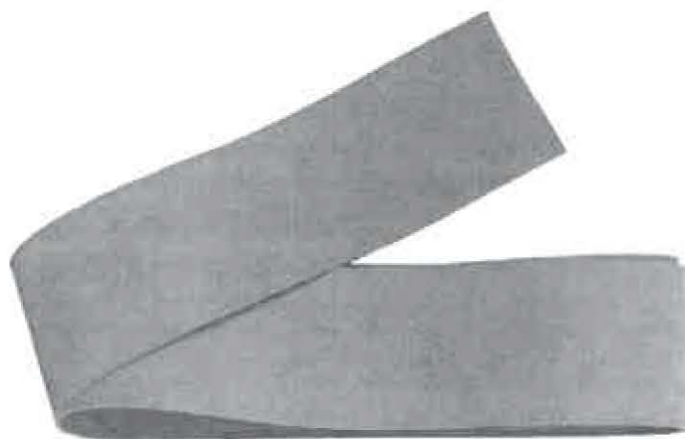
Code	Description	Dimensions	Ship Case
85021	2 Quart, Clear	6.25"H x 4.75"D x 10.75"W	20
85031	2 Quart, Transparent Red	6.25"H x 4.75"D x 10.75"W	20
85121	5 Quart, Clear	11"H x 4.75"D x 10.75"W	20
85131	5 Quart, Transparent Red	11"H x 4.75"D x 10.75"W	20

Disposable Tourniquet



Smooth latex, disposable, easy to apply and release.

4109	1" x 18"	100/bx
4109-1	1" x 18"	250/bx



Latex-free

4109-1LF	1" x 18"	250/bx
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3.19



Graham-Field Health Products
2935 Northeast Parkway
Atlanta, Georgia 30360
2007© Graham-Field Health Products

For Placing Orders:

1-800-347-5678

Fax: 1-800-726-0601

www.grahamfield.com

Fluff Bandage Roll:

- Made of washed, fluff-dried 100% cotton gauze
- Open, crinkle weave provides quick wicking, maximum absorbency, and greater aeration
- Finished edges reduces linting and loose threads
- Adds bulk and loft that will conform as needed, secure dressings in place, and cushion the wound

Item #	Description	Packaging
--------	-------------	-----------

Sterile - Latex Free

640	3.4" x 3.1yds, 6-ply	1 rl/bg, 96 rl/cs
645	4.5" x 4.1yds, 6-ply	1 rl/bg, 100 rl/cs
650	4.5" x 4.1yds, 8-ply	1 rl/bg, 100 rl/cs

3.22

Non-Sterile - Latex Free

545	4.5" x 4.1yds, 6-ply	100 rl/cs
-----	----------------------	-----------



Basic Care Fluff Bandage Roll:

- Made of washed, fluff-dried 100% cotton gauze
- Open, crinkle weave provides quick wicking, maximum absorbency, and greater aeration
- Finished edges reduces linting and loose threads
- Adds bulk and loft that will conform as needed, secure dressings in place, and cushion the wound
- Low ply, lightweight alternative

Item #	Description	Packaging
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Sterile - Latex Free

8645	4.5" x 4.1yds, 3-ply	1 rl/bg, 100 rl/cs
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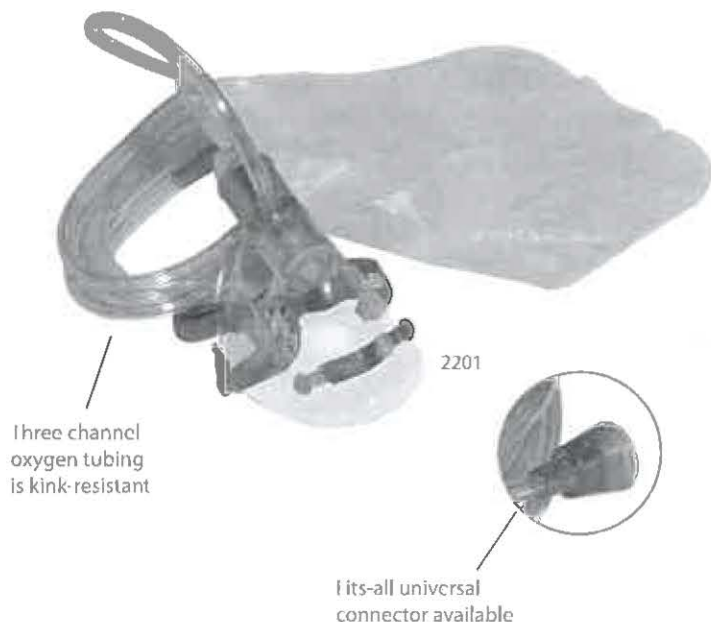




Oxygen Masks High Concentration

Ventlab non-rebreathing masks deliver a high concentration of oxygen with a partial non-rebreather option available. Non-rebreathers feature a swivel connector for optimum patient comfort and uninterrupted oxygen flow. All Ventlab oxygen delivery products are single use, non-sterile and latex free.

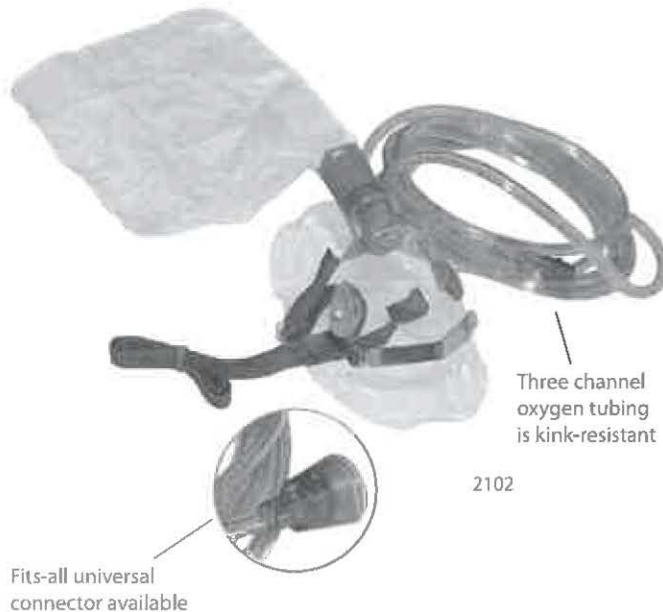
For detailed product information, visit www.Ventlab.com or contact your Ventlab Sales Representative.



High Concentration Partial Non-Rebreather

- Delivers high concentration of oxygen
- Reservoir bag assures oxygen supply to meet variable breathing patterns and tidal volumes
- Soft, pliable mask fits comfortably on patient
- Includes elastic head strap for best fit
- Transparent PVC mask enables clear visualization of patient
- Swivel connector design ensures uninterrupted flow of oxygen from the bag to the patient
- All sizes include 7' three channel oxygen tubing
- Pliable nose clip helps keep mask in place

Cat #	Size	Description	Box
2101	Adult	Partial Non-Rebreathing	50
2101F	Adult w/ Fits-All Connector	Partial Non-Rebreathing	50
2201	Pediatric	Partial Non-Rebreathing	50
2301	Infant	Partial Non-Rebreathing	50



High Concentration Non-Rebreather

- Delivers high concentration of oxygen
- Reservoir bag assures oxygen supply to meet variable breathing patterns and tidal volumes
- Soft, pliable mask fits comfortably on patient
- Includes elastic head strap for best fit
- Transparent PVC mask enables clear visualization of patient
- Swivel connector design ensures uninterrupted flow of oxygen from the bag to the patient
- All sizes include 7' three channel oxygen tubing
- Pliable nose clip helps keep mask in place

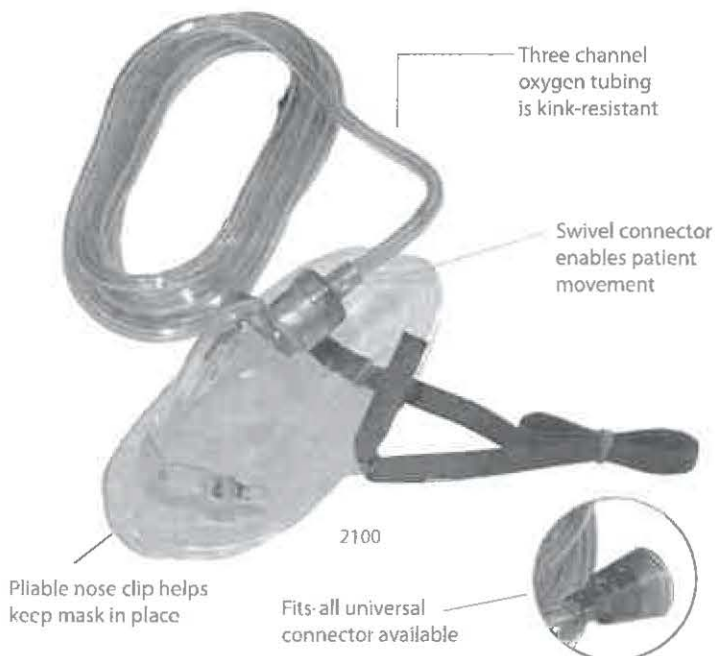
Cat #	Size	Description	Box
2102	Adult	Non-Rebreathing	50
2102F	Adult w/ Fits-All Connector	Non-Rebreathing	50
2202	Pediatric	Non-Rebreathing	50
2302	Infant w/ Fits-All Connector	Non-Rebreathing	50

3.32





Oxygen Masks Medium Concentration



Medium Concentration

- Flow rate of 6-10 liters per minute
- Delivers an oxygen concentration of 40% to 50% based on breathing rate and tidal volume
- Soft, pliable mask fits comfortably on patient
- Includes elastic head strap for best fit
- Transparent PVC mask enables clear visualization of patient
- O₂ Inlet designed to direct oxygen into the nostrils rather than up toward eyes
- All sizes include 7' three channel oxygen tubing
- Pliable nose clip helps keep mask in place
- Swivel connector enables patient rotation and movement without discomfort

Cat #	Size	Description	Box
2100	Adult	Medium Concentration	50
2100F	Adult w/ Fits All Connector	Medium Concentration	50
2200	Pediatric	Medium Concentration	50
2300	Infant	Medium Concentration	50

Ventlab Medium Concentration Oxygen masks deliver 6-10 liters per minute with an oxygen concentration up to 50%. Additional supply tubing is available in three lengths and with optional Fits-All universal connector. All Ventlab oxygen delivery products are single use, non-sterile and latex free.

For detailed product information, visit www.Ventlab.com or contact your Ventlab Sales Representative.



Supply Tubing

- Available in clear or semi-transparent green
- Five lengths available
- Three-channel tubing design prevents kinking

Cat #	Description	Tubing Length	Box
3007	Clear Supply Tubing	7'	50
3007G	Green Supply Tubing	7'	50
3007F	Clear Tubing w/ Fits-All Connector	7'	50
3015	Clear Supply Tubing	15'	50
3015G	Green Supply Tubing	15'	50
3025	Clear Supply Tubing	25'	50
3025G	Green Supply Tubing	25'	50
3040	Clear Supply Tubing	40'	50
3040G	Green Supply Tubing	40'	50
3050	Clear Supply Tubing	50'	50
3050G	Green Supply Tubing	50'	50

3.34





Aerosol Masks

2110 – Adult Aerosol Mask

3.35



2210 – Pediatric Aerosol Mask



2310 – Infant Aerosol Mask





NON-WOVEN GAUZE SPONGES

Ardes non-woven gauze sponges are virtually both non-adherent and lint free. They are strong, durable, having excellent absorbency and significantly faster wicking properties. They are well-suited for fragile granulating wound tissue. Sponges are also packed in a coated paper pouch to reduce fiber debris. Easy-open pouch is carefully sealed to prevent the intrusion of dust and contaminants. Ardes nonwoven sponges are a great economical, absorbent and clean alternative to cotton woven gauze sponges. They are soft yet strong, lint free and create less adhesion to wounds. Great for prepping, cleaning and general patient care.



Features

- Polyester/rayon blend
- Highly absorbent
- Nonstick properties make for easy removal from wound
- Available sterile and non sterile in the popular sizes: 2x2, 3x3 and 4x4

Ordering Information

MMS - A Medical Supply Company

145 Huguenot Street, Suite 108, New Rochelle, NY 10801

p: 800-585-8882 f: 914-738-9568 www.mmsmedical.com

Description	Quantity	UOM	Item#
Gauze 2x2 4ply NW NS	200/pkg, 40 pkg/cs	Case	EMPH22420
Gauze 3x3 4ply NW NS	200/pkg, 20 pkg/cs	Case	EMPH33420
Gauze 4x4 4ply NW NS	200/pkg, 10 pkg/cs	Case	EMPH44420
Gauze 2x2 4ply NW Sterile	2/pk, 50 pk/bx, 30 bx/cs	Case	EMPH22421
Gauze 3x3 4ply NW Sterile	2/pk, 25 pk/bx, 48 bx/cs	Case	EMPH33421
Gauze 4x4 4ply NW Sterile	2/pk, 25 pk/bx, 24 bx/cs	Case	EMPH44421

3.44

Procedure Masks

- 3-ply pleated lightweight material with flexible nosepiece
- BFE of $\geq 97\%$
- Not made with natural rubber latex

Item#	Description	Packaging
Non-Sterile		
1530	Ear Loop, Blue	50/bx, 6 bx/cs
1531	Ear Loop, Yellow	50/bx, 6 bx/cs



Surgical Masks

- 3-ply pleated lightweight, breathable material
- BFE of $\geq 98\%$
- Meet or exceed ASTM¹ standards
- Available in earloop or tie on with flexible nosepiece
- Not made with natural rubber latex

Item#	Description	Packaging
Non-Sterile		
1540	Tie, Blue	50/bx, 6 bx/cs
1541	Ear Loop, Blue	50/bx, 6 bx/cs
1542	Ear Loop, Yellow	50/bx, 6 bx/cs
1550	Anti-Fog, w/Tie, Blue	50/bx, 6 bx/cs
1560	Fluid Shield, w/Ear Loop, Blue	25/bx, 8 bx/cs



Fluid Resistant	ASTM F1862-05	
PFE	ASTM 2299	$\geq 98\%$ @ .1um
BFE	ASTM F2101-01 ASTM 2100-04	$\geq 99.9\%$
Delta P	ASTM F2101-01 MIL-M 36945C 4.4.1.1.1 Method 1	2.28 mmH ₂ O/cm ²
Flammability	16 CFR Part 1610	Class 1 No Flame Spread

*Protection Levels based on ASTM standards

1 – American Society for Testing and Materials

2 – DUKAL Corporation does not imply that these products will fully protect against infectious diseases and the employer is required by OSHA to select the appropriate masks for specific anticipated exposure

Shoe Covers

- Made of spunbonded polypropylene
- Durable and fluid repellent
- Available in regular and non-skid
- Non-Conductive
- Not made with natural rubber latex

Item#	Description	Packaging
Non-Sterile		
350	Non-Skid, Blue	100/bx, 3 bx/cs
350E	Economy, Blue	100/bx, 3 bx/cs
352	Non-Skid, Extra Large, Size 14-16, Blue	100/bx, 2 bx/cs





ALL BLANKETS. EVERY SCENARIO.

COMFORT AND PROTECTION WHEN EVERY SECOND COUNTS

- Reduce risk of cross-contamination with single-use products
- Sized to provide total coverage and protection
- Visiblankets® draw immediate attention to priority patients
- Mylar blanket combines lightweight material with superior heat retention
- Multiple material options meet the unique needs of EMS professionals

CODE	PRODUCT NAME	MATERIAL	COLOR	SIZE	PACKING
77723	Comfort1® Polar Fleece Blanket	Fleece 3.69	Blue	58" x 80"	10/Case
52038	Comfort1® Blanket USA	Polyester	White	50" x 84"	10/Case
62292	Comfort1® Blanket USA	Polyester	Gray	50" x 84"	10/Case
53382	Visiblanket® Premium	Poly/Airlaid	Yellow/White	50" x 84"	25/Case
77700	Visiblanket® Medium-Weight	Poly/Tissue	Yellow/White	56" x 90"	24/Case
54849	Visiblanket®	Poly/Tissue	Yellow/White	54" x 84"	25/Case
53377	Hypothermia Blanket	Mylar	Chrome	52" x 84"	50/Case



MADE IN THE USA

For more information call 800.558.6765 or visit GrahamMedical.com/EMS

PM297A0317

graham
medical
The Promise of Protection®



Disposable Linens:

DUKAL offers a full range of disposable linens specifically designed for the EMS market or anywhere multiple cot changes are needed. They're made of a durable spun bonded polypropylene and are an excellent alternative to the use of traditional linens. For your convenience, Linen Packs are also available.

7100	Pillow Case, Fluid Resistant, 20" x 29"	25/bg, 4 bg/cs
7102	Flat Sheet, Fluid Resistant, 85" x 41"	5/bg, 20 bg/cs
7103	Flat Sheet, Heavy Duty, Fluid Impervious, 84" x 60"	5/bg, 10 bg/cs
7105	Fitted Sheet, Heavy Duty Fluid Resistant, 74" x 30" x 22"	5/bg, 20 bg/cs
7106	Fitted Sheet, Extra Heavy Duty, Fluid Resistant, 74" x 30" x 22"	5/bg, 10 bg/cs
7107	Fitted Sheet, Heavy Duty, Fluid Impervious, 74" x 30" x 22"	5/bg, 10 bg/cs
7120	Linen Pack: Includes 1 each - 7100, 7102, 7106	25 pks/cs



Burn Sheet:

The DUKAL Burn Sheet is made of a laminated spunbonded polypropylene and may be used to provide a sterile environment to protect a patient from infection. The burn sheet's durable construction resists tearing and can be used in many environments.

7305	Burn Sheet, SMS Blue, 60" x 96"	1/bg, 12 bg/cs
------	---------------------------------	----------------



Survival Wrap:

The DUKAL Survival Blanket is a durable silver foil wrap which may be used to maintain body temperature. The compact packaging allows for convenient storage anywhere.

721	52" x 84"	1/pk, 250/cs
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Emergency Blanket:

The DUKAL Emergency Blanket is a durable all purpose product. The bright yellow poly coated spun bonded blanket offers quick identification and protection from the elements as it can be used in all weather conditions.

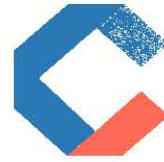
7303	Yellow, Heavy Duty, Fluid Impervious, 54" x 80"	1/bg, 50 bg/cs
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Quality, Value & Performance is our PROMISE

www.dukal.com





CONCORDANCETM
HEALTHCARE SOLUTIONS
Delivering service beyond your expectations.

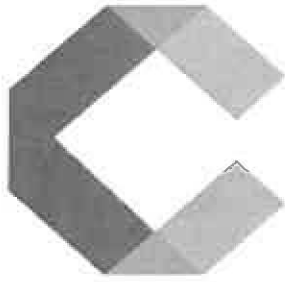
May 9, 2018

Solicitation: IFB 9300 EAD0262
EMS Medical Supplies

Please find attached list of all manufacturers Concordance represents

Sincerely,

Richard Hawkins
VP of Sales, Speciality/EMS



CONCORDANCETM

HEALTHCARE SOLUTIONS

Delivering service beyond your expectations.

Bringing you products from **over**
2,500 manufacturers, including:

A & W OFFICE SUPPLY & DESIGN
A.N.D. MEDICAL,LLC.
A&D ENGINEERING,INC.
A&D ENGINEERING,INC.
A&E MEDICAL CORPORATION
A-M SYSTEMS
AADCO MEDICAL,INC.
AARDVARK CONTROL EQUIPMENT CO.
ABARE ENTERPRISES,INC.
ABBOTT DIABETES CARE
ABBOTT DIAGNOSTICS
ABBOTT LABS PHARMACEUTICALS
ABBOTT NUTRITION
ABBOTT POINT OF CARE,INC.
ABBOTT VASCULAR
ABBVIE US,LLC.
ABCORP MEDICAL
ABEON MEDICAL CORPORATION
ABILILIFE,INC.
ACADEMY MEDICAL,LLC.
ACCESS MEDICAL SUPPLY
ACCRIVA DIAGNOSTICS
ACCU-SCOPE
ACCUFITNESS,LLC.
ACCURATE BIOMED SERVICES INC
ACCUTEC BLADES,INC.
ACCUTOME,INC.
ACCUVEIN,INC.
ACIESHEALTH,INC.
ACIST MEDICAL SYSTEMS,INC.
ACME SCALE COMPANY
ACME UNITED CORP MEDICAL DIV.
ACON LABORATORIES,INC.
ACS INDUSTRIES,INC.
ACTEON INC
ACTION HEALTH
ACTION PRODUCTS,INC.
ACTIVE MEDICAL,INC.
ACUDERM,INC.

ACUITY MEDICAL
ADAPTIVE STAR,LLC.
ADC HOSPITAL EQUIPMENT
ADDTO,INC.
ADENNA,INC.
ADEPT-MED INTERNATIONAL
ADEX MEDICAL,INC.
ADHEZION BIOMEDICAL
ADHEZION BIOMEDICAL
ADI MEDICAL,INC.
ADJUSTABLE FIXTURE CO.
ADROIT MEDICAL SYSTEM,INC.
ADVANCE MEDICAL DESIGNS,INC.
ADVANCED CHEMICAL SENSOR
ADVANCED HEALTH TECHNOLOGIES
ADVANCED INSTRUMENTS,INC.
ADVANCED STERILIZATION PRODUCT
ADVANCED VASCULAR DYNAMICS
ADVANTAGE BUSINESS FORMS
ADVANTAGE MEDICAL ELECTRONICS
ADVENT MEDICAL SYSTEMS
AED PROFESSIONALS
AEP INDUSTRIES,INC.
AERO-MED LTD
AERSCHER DIAGNOSTICS,INC.
AESCULAP,INC.
AETNA FELT CORPORATION
AFTERMARKET GROUP,THE
AG INDUSTRIES
AGENCY FOR MEDICAL INNOVATIONS
AIR-TITE PRODUCTS CO.,INC.
AIRGAS USA LLC
AIRGAS USA,LLC.
AIRSEP CORPORATION
AIRTRAQ,LLC.
AIRWAY CAM TECH,INC.
AKRO-MILS
ALAMANCE FOODS,INC.
ALASKA NORTHERN LIGHTS,INC.

ALBAAD USA
ALBAAD USA
ALBEE BABY
ALBERT INTERNATIONAL,INC.
ALCO SALES & SERVICE COMPANY
ALCON LABORATORIES,INC.
ALCONOX,INC.
ALDEVRA,LLC.
ALERE NORTH AMERICA,LLC
ALEX ORTHOPEDIC
ALFA MEDICAL
ALFA WASSERMANN,INC.
ALGER COMPANY,INC. THE
ALIGNED MEDICAL SOLUTIONS
ALIMED,INC.
ALL-PRO MEDICAL SUPPLY,INC.
ALLCARE,INC.
ALLEGRA
ALLEGRO MEDICAL
ALLEN MEDICAL SYSTEMS,INC.
ALLERGY LABORATORIES,INC.
ALLIANCE SUPPLY GROUP
ALLIANCE TECH MEDICAL,INC.
ALLIANT ENTERPRISES,LLC.
ALLIED BIOMEDICAL
ALLIED HEALTHCARE PRODUCTS,INC
ALLIED HEALTHCARE PRODUCTS,INC
ALLIED MEDICAL SUPPLY INC
ALLIED SVCS - VOCATIONAL DIV
ALLIED 100 LLC
ALLMED
ALLSTATE MEDICAL SUPPLIES
ALPHA MODALITIES,LLC
ALPHA PROTECH,INC.
ALPHA SCIENTIFIC CORP.
ALPHA SOURCE
ALPHAPOINTE
ALPIN SURGICAL
ALTIMATE MEDICAL,INC.

AMBASSADOR MEDICAL,INC.
 AMBCO
 AMBCO ELECTRONICS
 AMBU,INC.
 AMBU,INC./KING SYSTEMS
 AMC-LIFESYNC CORPORATION
 AMCON LABORATORIES,INC.
 AMD MEDICOM,INC.
 AMD TECHNOLOGIES,INC.
 AMEDA BREASTFEEDING PRODUCTS
 AMERCARE,INC.
 AMERICAN AIRWORKS
 AMERICAN BREAST CARE LP
 AMERICAN CONTRACT SYSTEMS
 AMERICAN CONTRACT SYSTEMS INC
 AMERICAN DIAGNOSTIC CORPORATON
 AMERICAN FILM & PACKAGING CORP
 AMERICAN HEALTH PRODUCTS
 AMERICAN HEALTH SYSTEMS,INC.
 AMERICAN HEALTHCARE SUPPLY
 AMERICAN INDUSTRIAL SUPPLY,INC
 AMERICAN MEDICAL DEPOT
 AMERICAN MEDICAL INDUSTRIES
 AMERICAN MEDICAL PRODUCTS INC
 AMERICAN MEDICALS
 AMERICAN PROFICIENCY INSTITUTE
 AMERICAN SANITARY PRODUCTS,INC
 AMERICAN SURGICAL SPECIALITIES
 AMERICAN TEXTILES SYSTEMS
 AMERICARE,LLC.
 AMERISOURCEBERGEN DRUG CORP.
 AMERISOURCEBERGEN DRUG CORP.
 AMERISOURCEBERGEN-BIRMINGHAM
 AMES COLOR FILE
 AMICO CORPORATION
 AMIS SYSTEMS
 AMOENA USA CORPORATION
 AMPAC
 AMSINO INTERNATIONAL,INC.
 AMVEX CORPORATION
 ANACOM MEDTEK
 ANCHOR MEDICAL SUPPLY INC
 ANCHOR PRODUCTS COMPANY
 ANCHOR TOBACCO COMPANY,INC.
 ANDA INC
 ANDERMAC
 ANDERSEN PRODUCTS,INC.
 ANDOVER HEALTHCARE,INC.
 ANESTHESIA ASSOCIATES,INC.
 ANEWMED,INC.
 ANGELINI PHARMA,INC.
 ANGIODYNAMICS,INC.
 ANGIOSYSTEMS,INC.
 ANMUTH MEDICAL INTERNATIONAL
 ANMUTH MEDICAL INTERNATNL,LLC.
 ANSELL HEALTHCARE CONSUMER DIV
 ANSELL HEALTHCARE PRODUCTS,LLC
 ANSELL PREFERRED SURGICAL
 ANSELL SANDEL MED SOLUTIONS
 ANSELL/MICROFLEX MEDICAL CORP.
 ANSPACH EFFORT THE,INC.

ANTHONY PRODUCTS,INC.
 ANTHROS PVC PRODUCTS,LLC.
 APACHE GROUP
 APEX-CAREX
 APIARY MEDICAL,INC.
 APIARY MEDICAL,INC.
 APLICARE/CLOROX HEALTHCARE
 APNEA CARE INC - GOVT
 APOTHECARY PRODUCTS,LLC.
 APPEARUS PRODUCTS CORPORATION
 APPLE MEDICAL CORPORATION
 APPLETON MEDICAL SERVICES,INC.
 APPLIANCE THERAPY GROUP
 APPLIED MEDICAL RESOURCES CORP
 APPLIED MEDICAL TECHNOLOGY,INC
 APPLIED SCIENCE
 APTALIS PHARMA US INC
 AQUABILITY
 AQUACAST LINER,LLC.
 AQUAFILM, INC.
 AQUASHIELD,USA.
 ARC DEVICES USA,INC.
 ARC DISTRIBUTORS
 ARC MEDICAL,INC.
 ARCADIA CHAIR COMPANY
 ARDUS MEDICAL
 ARGON MANAN MEDICAL PRODUCTS
 ARGON MEDICAL DEVICES OEM,INC.
 ARGON MEDICAL DEVICES,INC.
 ARI-MED PHARMACEUTICALS
 ARIA MEDICAL EQUIPMENT
 ARIZANT HEALTHCARE INC
 ARIZANT HEALTHCARE,INC.
 ARJO-CENTURY DISTRIBUTING,INC.
 ARJOHUNTLEIGH
 ARJOHUNTLEIGH
 ARKRAY USA,INC.
 ARMBRUSTER ENTERPRISES,INC.DBA
 ARMEDICA MANUFACTURING CORP.
 ARMRX DIV./ASPEN COMPANY,INC.
 ARMSTRONG MEDICAL SUPPLY,LLC
 ARNDORFER,INC.
 ARNOLD VENDING CO.,INC.
 ARROWHEAD HEALTHCARE SUPPLY
 ARTERIOCYTE MEDICAL SYSTEMS
 ARTHREX,INC.
 ARTHROCARE CORPORATION
 ARTHROPLASTICS INC
 ASCENSIA DIABETES CARE
 ASCENT MEDICAL CORPORATION
 ASD HEALTHCARE
 ASEPTIC CONTROL PRODUCTS,INC.
 ASH MANUFACTURING INC
 ASO,LLC.
 ASP-TIGER LLC
 ASPEN MEDICAL PRODUCTS,INC.
 ASPEN SURGICAL PRODUCTS,INC.
 ASSIST MEDICAL
 ASSOCIATED BAG COMPANY
 ASTRAL DIAGNOSTICS
 ATHLETIC SPECIALITIES,INC.

ATLAS TECHNOLOGIES,LLC.
 ATOS MEDICAL,INC.
 ATRIUM MEDICAL CORPORATION
 ATS MANUFACTURING,INC.
 ATTENDS HEALTHCRE PRODUCTS,INC
 AUDIT MICROCONTROLS,INC.
 AUGUSTINE TEMP MGMT LLC - GOVT
 AUSTIN MEDICAL,INC.
 AUSTIN SUPPLY COMPANY
 AUTOMATIC DEVICES COMPANY
 AVADIM TECHNOLOGIES,INC.
 AVALON PAPERS
 AVATAR ENTERPRISES,INC.
 AVCOR HEALTH CARE PRODUCTS INC
 AVCOR HEALTHCARE PRODUCTS,INC.
 AVEC SCIENTIFIC DESIGN
 AVERA HOME MEDICAL EQUIPMENT
 AVID AIRLINE PRODUCTS
 AVID MEDICAL,INC.
 AVKARE,INC.
 AVOTEC,INC.
 AXELA MEDICAL
 AXIOM MEDICAL,INC.
 AXTRAHAND,LLC.
 AZER SCIENTIFIC
 B & G EQUIPMENT COMPANY
 B AND B HEALTH SERVICES
 B SNOWISS FUR COMPANY
 B.BRAUN INFUSER DIVISION
 B.BRAUN INTERVENTIONAL SYSTEMS
 B.BRAUN MEDICAL,INC.
 B.BRAUN OEM DIVISION
 B.BRAUN RENAL PRODUCTS DIVISON
 BACTERIN INTERNATIONAL,INC.
 BAILEY MANUFACTURING COMPANY
 BANDAGES PLUS,INC.
 BANYAN
 BARA TECHNOLOGIES/ENRICHMENT D
 BARD ACCESS SYSTEMS,INC.
 BARD DAVOL,INC.
 BARD ELECTROPHYSIOLOGY
 BARD MEDICAL
 BARD MEDICAL,OEM
 BARD PERIPHERAL VASCULAR,INC.
 BARD PERIPHERAL VASCULAR,OEM
 BARD UROLOGICAL DIVISION
 BAREFOOT MEDICAL
 BAREFOOT,INC.
 BARJAN MANUFACTURING,LTD.
 BARRIER FREE LIFT DBA HORCHER
 BASIC AMERICAN METAL PRODUCTS
 BATTERIES PLUS
 BATTERIES, INC.
 BATTLECREEK EQUIPMENT CO.,INC.
 BAUERFEIND USA,INC.
 BAUSCH & LOMB PHARMACEUTICALS
 BAUSCH & LOMB SURGICAL DIVISON
 BAXA CORPORATION
 BAXTER HEALTHCARE CORPORATION
 BAXTER PHARMA
 BAXTER RENAL DIVISION

BAY CORPORATION
 BAY MEDICAL
 BAYER HEALTHCARE/METRIKA PROD.
 BAYER HEALTHCARE,LLC.,R&I.
 BAYSIDE MEDICAL SUPPLY CO.,INC
 BCI/SMITHS MEDICAL PM
 BD CRITICAL CARE
 BD DIAGNOSTICS
 BD HOME HEALTHCARE PRODUCTS
 BD MICROBIOLOGY SYSTEMS
 BEACON LIGHTHOUSE,INC.
 BEACONMEDAES,LLC.
 BEASYTRANS SYSTEMS,INC.
 BEATTY MARKETING & SALES,LLC.
 BEAUMONT PRODUCTS,INC.
 BEAVER-VISITEC INTERNTNL,INC.
 BECKMAN COULTER LIFESCIENCES
 BECKMAN COULTER,INC.
 BECKMAN COULTER,INC.
 BECKS CLASSIC
 BECTON-DICKINSON AND COMPANY
 BEIERSDORF,INC.
 BELL HANDENGINE INC
 BELL MEDICAL,INC.
 BELL SPORTS INC
 BELL-HORN/DIV. CIRCLE CITY
 BELTWAY MEDICAL,INC.
 BEMIS HEALTH CARE
 BEMIS HEALTHCARE PACKAGING,INC
 BEMIS MANUFACTURING CO
 BENCHMARK COMMERCIAL
 BENCO DENTAL SUPPLY CO.
 BENEFICIA HEALTH SYSTEM,LLC.
 BENTEC MEDICAL
 BERKSHIRE CORPORATION
 BERLINGER USA,LLC
 BERRY PLASTICS CORP/ROLLPAK
 BEST MANUFACTURING
 BEST MEDICAL WEAR
 BEST PRICED PRODUCTS
 BEVERIDGE MEDICAL ASSOC.,INC.
 BIACARE MEDICAL
 BIC PEN CORPORATION
 BICOM,INC.
 BILT-RITE MASTEX HEALTH
 BIMECO GROUP,INC.
 BIO-DETEK,INC.
 BIO-MED DEVICES,INC.
 BIO-MEDICAL INSTRUMENTS,INC.
 BIO-RAD LABORATORIES,INC.
 BIO-TECH PHARMACAL,INC.
 BIODERM,INC.
 BIODEX MEDICAL SYSTEMS,INC.
 BIOFILM,INC.
 BIOFIT ENGINEERED PRODUCTS
 BIOLIFE,LLC
 BIOMED PACKAGING SYSTEMS,INC.
 BIOMEDICAL LIFE SYSTEMS,INC.
 BIOMERIEUX,INC.
 BIONET AMERICA,INC.
 BIONIX CORPORATION

BIOSEAL CORPORATION
 BIOSENSICS LLC
 BIOSTAR,INC./INVERNESS MEDICAL
 BIOSYNERGY,INC.
 BIOTEQUE AMERICA,INC.
 BIOTONE
 BIRCHWOOD LABORATORIES,INC.
 BIRD & CRONIN,INC.
 BIRD/VIASYS PRODUCTS
 BLAIREX LABORATORIES,INC.
 BLEDSOE BRACE SYSTEMS
 BLICKMAN,INC.
 BLISTEX
 BLUE CHIP MEDICAL PRODUCTS,INC
 BLUE CHIP TECHNOLOGY,INC.
 BLUING PRODUCTS,INC.
 BODY PART CHART,LLC.
 BODY SHOCK,INC.
 BODYGUARD FITNESS
 BODYPOINT,INC.
 BONE FOAM,INC.
 BOOST TECHNOLOGIES,LLC.
 BOPPY COMPANY,THE
 BOSMA ENTERPRISES
 BOSTON MEDICAL PRODUCTS INC
 BOSTON MEDICAL PRODUCTS,INC.
 BOSTON SCIENTIFIC
 BOUNDTREE MEDICAL,LLC.
 BOVIE MEDICAL
 BOWEN MEDICAL
 BOWMAN MANUFACTURING CO.,INC.
 BOX ENCLOSURES,INC.
 BR SURGICAL,LLC.
 BRACCO DIAGNOSTICS,INC.
 BRACE INTERNATIONAL,INC.
 BRAMSTEDT INST. SERVICE
 BRANDT INDUSTRIES,INC.
 BRAXTON MEDICAL CORPORATION
 BREATHE E-Z SYSTEMS,INC.
 BREG,INC.
 BREWER COMPANY THE,LLC.
 BREWER COMPANY THE,LLC.
 BREWER DESIGN
 BRIGGS CORPORATION
 BRILLIANIZE,INC.
 BRISTOL,INC.
 BROADLINE MEDICAL,INC.
 BROWNMED
 BRYAN MEDICAL,INC.
 BRYMILL CRYOGENIC SYSTEMS
 BRYTON CORPORATION
 BSN MEDICAL,INC.
 BTNX,INC.
 BUDGET BUDDY
 BUFFALO BATT
 BUFFALO FILTER
 BUFFALO SUPPLY,INC.
 BULBTRONICS
 BUNZL DISTRIBUTION,USA
 BURDICK
 BURKHART ROENTGEN INT'L

BURTON MEDICAL PROD.
 BUSSE HOSPITAL DISPOSABLES
 BUTLER HOME PRODUCTS,LLC.
 BUYMD INC
 BV MEDICAL
 BYRAM
 C.B. FLEET COMPANY,INC.
 C-CORE MEDICAL INC
 C-P MEDICAL PRODUCTS,INC.
 CADENCE SCIENCE,INC.
 CAIRE,INC.
 CALDERON TEXTILES,LLC.
 CALLEY AND CURRIER COMPANY
 CALMARE THERAPEUTICS,INC.
 CALMOSEPTINE,INC.
 CALTECH INDUSTRIES,INC.
 CAMBRIDGE SCALE WORKS,INC.
 CAMBRIDGE SENSORS USA LLC
 CAMBRIDGE TECHNOLOGIES,INC.
 CAMERON MILLER,INC.
 CAMPBELL SCIENCE
 CANT CORPORATION
 CAPITAL MEDICAL
 CAPITAL MICROSCOPE SERVICES
 CAPPLUGS/EVERGREEN SCIENTIFIC
 CAPRICE ELECTRONICS,INC.
 CAPSA SOLUTIONS
 CARA,INC.
 CARDIAC SCIENCE CORPORATION
 CARDIAC SCIENCE CORPORATION
 CARDIAC SCIENCE CORPORATION
 CARDINAL HEALTH MEDICAL PROD.
 CARDINAL HEALTH RX DIVISION
 CARDINAL HEALTH/RX & OTC PROD.
 CARDINAL HEALTHCARE CORPORATON
 CARDINAL HEALTHCARE CORPORATON
 CARDINAL SPECIALTY PHARMA DIV.
 CARDIOLINE,INC.
 CARE LINE,INC.
 CARE MEDICAL,INC.
 CARE PRODUCTS,INC.
 CARE-TECH LABORATORIES,INC.
 CAREFORE MEDICAL,INC.
 CAREFUSION GENESIS
 CAREFUSION RESPIRATORY CARE
 CAREFUSION RESPIRATORY TECHNOLGS
 CAREFUSION V MUELLER
 CAREFUSION 205,INC.
 CAREFUSION 213,LLC.
 CAREFUSION 2200
 CAREFUSION 2200 / ENTURIA
 CAREFUSION 2200 / VITAL SIGNS
 CAREFUSION/ALARIS PRODUCT
 CAREFUSION/MEDEGEN/MAXIMUS
 CARESTREAM AMERICA,LLC.
 CAREY AND COMPANY LTD
 CARL ZEISS MEDITEC,INC.
 CARL ZEISS MICROSCOPY,LLC.
 CAROLON COMPANY
 CARRINGTON LABORATORIES,INC.
 CARROLL HEALTHCARE

CARSTENS,INC.
CAS MEDICAL SYSTEMS,INC.
CASCO MANUFACTURING SOLTNS,INC
CASE MEDICAL,INC.
CASTER CONNECTION,INC.
CASTLE PINES MEDICAL INC
CCR MEDICAL,INC.
CELLUCAP FRANKLIN MELCO
CEN-MED ENTERPRISES INC - GOVT
CENORIN,LLC.
CENTICARE CORPORATION
CENTRAL ASSOC FOR THE BLIND &
CENTRAL OHIO BAG & BURLAP,INC
CENTRAL SOLUTIONS,INC.
CENTURION MEDICAL PRODUCTS
CENTURY PHARMACEUTICALS,INC.
CEPHEID
CERTOL INTERNATIONAL,LLC.
CETYLITE INDUSTRIES,INC.
CFT INC / CPR LIFE MASK
CHAD THERAPEUTICS,INC.
CHAMPION MANUFACTURING,INC.
CHAMPIONS DIRECT
CHANNING BETE COMPANY
CHART BIOMEDICAL
CHART SEQUAL TECHNOLOGIES INC
CHARTTECH,INC.
CHARTER MEDICAL
CHASE UNION
CHEM-MASTER COMPANY
CHEMATICS,INC.
CHEMENCE MEDICAL PRODUCTS,INC.
CHESHIRE MEDICAL SPECIALITIES
CHESTER LABS INC
CHESTER PACKAGING,LLC.
CHESTERMAN CO OF SIOUX FALLS
CHIEF SUPPLY,INC.
CHILD SOURCE
CHILDBIRTH GRAPHICS
CHOLESTECH CORPORATION
CHURCH & DWIGHT CO.,INC.
CHURCH PRODUCTS,INC.
CHURCHILL MEDICAL SYSTEMS
CINCINNATI ASSOC FOR THE BLIND
CINCINNATI SUB-ZERO,INC.
CINCINNATI SURGICAL CO.,INC.
CIRCA SCIENTIFIC,LLC
CIRCADIANCE,LLC.
CIRCAID MEDICAL PRODUCTS,INC
CIVCO MEDICAL SOLUTIONS
CIVCO MEDICAL SOLUTIONS
CIPS MEDICAL SYSTEMS
CLARITY DIAGNOSTICS,LLC.
CLARK CONTAINER,INC.
CLARKE HEALTH CARE PRODUCTS
CLARUS MEDICAL,LLC.
CLEAN RITE SUPPLY INC
CLEANIS,INC.
CLEANLIFE PRODUCTS
CLEARLY BETTER LLC
CLINICAL DIAGNOSTIC SOLUTIONS

CLINICAL GUARD
CLINICAL HEALTH PRODUCTS
CLINICAL HEALTH SERVICES,INC.
CLINICAL INNOVATIONS,LLC.
CLINICAL TECHNOLOGY,INC.
CLINIQA CORPORATION
CLINTON INDUSTRIES,INC.
CLOCKWORK INNOVATIVE SOLUTIONS
CML INC
COAGUSENSE,INC.
COAST BROTHERS
COCA-COLA OF SIOUX FALLS
CODMAN & SHURTLEFF,INC.
COEUR,INC.
COLBY MANUFACTURING CORPORATON
COLE INDUSTRIES
COLE PAPERS
COLE TAYLOR MARKETING,INC.
COLONIAL CONVERTING CORP
COLONIAL MED ASSIST DEVICE,INC
COLOPLAST CORPORATION
COLOPLAST/MENTOR CORPORATION
COLUMBIA MEDICAL
COMFORT CARE PRODUCTS,INC.
COMFORT COMPANY
COMFORT COMPANY,THE
COMFORTEX
COMMTECH WIRELESS
COMMUNITY PRODUCTS,LLC.
COMPASS HEALTH (CAREX)
COMPASS HEALTH BRANDS
COMPETITIVE EDGE,THE
COMPLETE MEDICAL SUPPLIES,INC.
COMPLETE SOLUTIONS TECH.,LLC.
COMPRESSION THERAPY CNCPTS,INC
COMPUMEDICS,USA
COMPUTERIZED IMAGING REFERENCE
CONE INSTRUMENTS,LLC.
CONMED CORPORATION
CONMED CORPORATION OEM DIVISON
CONMED/LINVATEC CORPORATION
CONNEY SAFETY PRODUCTS
CONSOLIDATED PLASTICS CO,INC
CONTINENTAL MEDICAL LABS,INC.
CONTOUR FABRICATORS,INC.
CONTOUR PRODUCTS,INC.
CONTROL COMPANY,THE
CONTROLLED ENVIRO EQUIPMENT CO
CONTROLLED SUBSTANCES
CONVAID,INC.
CONVAQUIP BARIATRIC EQUIPMENT
CONVATEC
COOK MEDICAL,INC.
COOPER SURGICAL,INC.
CORE PRODUCTS INT'L INC
COREN SALES
CORFLEX,INC.
CORNERSTONE INSTITUTIONAL,LLC.
CORPAK MEDSYSTEMS
COSCO (DOREL JUVENILE GROUP)
COSMAN MEDICAL,INC.

COTTON MEDICAL GROUP
COVALENCE,INC.
COVIDIEN EV3
COVIDIEN/KENDALL ATHL FIRSTAID
COVIDIEN/KENDALL HEALTHCARE
COVIDIEN/MALLINCKRODT IMAGING
COVIDIEN/MALLINCKRODT NELLCOR
COVIDIEN/STPL ENDO VALLEYLAB
COVIDIEN/SYNETURE SUTURES
COVIDIEN/UNI PATCH
COZY PRODUCTS
CP MEDICAL,INC.
CRACKER BARREL
CRAIG RICHARD PROMO PRODUCTS
CRAMER PRODUCTS,INC.
CRAWFORD HEALTHCARE,INC.
CREATIVE CRUTCHES
CREATIVE HEALTH PRODUCTS
CREATIVE LIVING MEDICAL INC
CREATIVE SPECIALTIES INT'L
CREOMULSION/SUMMIT INDUSTRIES
CREST HEALTHCARE SUPPLY
CREST STEP ON,INC.
CRITICARE TECHNOLOGIES,INC.
CROCUS MEDICAL INC
CROSSTEX INTERNATIONAL,INC.
CROSSTEX/SPS MEDICAL
CROWN MEDICAL PRODUCTS
CROWN MEDICAL PRODUCTS,INC.
CROWN POLY,INC.
CROWN THERAPEUTICS,INC.
CRYOSURGERY,INC.
CS MEDICAL,LLC.
CSL BEHRING,LLC.
CSP MEDICAL
CURA SURGICAL,INC.
CURATIVE CARE NETWORK
CURE MEDICAL
CURRENT TECHNOLOGIES INC
CURRIE MEDICAL SPECIALTIES,INC
CUSTOM COMFORT MEDTEK
CUSTOM MANUFACTURED PROD.,LLC.
CUSTOM MEDICAL SPECIALITIES
CUSTOM MEDICAL SPECIALITIES
CV EVOLUTIONS/TELEFLEX MEDICAL
CV EVOLUTIONS/TELEFLEX MEDICAL
CYGNUS MEDICAL
CYMED OSTOMY CO
CYPRESS MEDICAL PRODUCTS
C2R GLOBAL MANUFACTURING,INC.
D & D MEDICAL,INC.
D & D SERVICES
D.R.E.,INC.
D.T.DAVIS ENTERPRISES,LTD.,HOV
DACEMI,INC. DBA HEWITT DENTAL
DACOTAH PAPER CO
DAKOTA DRUG INC
DAKOTA TEXTILES
DALE MEDICAL PRODUCTS,INC.
DANLEE MEDICAL PRODUCTS,INC.
DANMAR PRODUCTS,INC.

DARCO INTERNATIONAL
 DASH MEDICAL GLOVES
 DATA MANAGEMENT & REPORTING
 DATA PROCESSING SERVICES
 DATEX OHMEDA
 DAUPHIN
 DAVIS PRINTING COMPANY
 DAZOR LIGHTING SOLUTIONS,LLC.
 DDP MEDICAL SUPPLY
 DEALER MANAGEMENT GROUP
 DEB USA,INC.
 DEDICATED DISTRIBUTION,INC.
 DELASCO
 DELASCO
 DELFI MEDICAL INNOVATIONS,INC.
 DELTA MEDICAL SUPPLY GROUP,INC
 DENTAL DISTRIBUTORS,INC.
 DENTSPLY CAULK
 DENTSPLY IH INC
 DENTSPLY PROFFESIONAL
 DENVER BIOMEDICAL INC
 DENVER SIGN SUPPLY
 DEPUY ORTHOPAEDICS,INC.
 DERMA SCIENCES/SUNSHNE
 DERMA SCIENCES,INC.
 DERMACARE/DIV. EHOB,INC.
 DERMARITE INDUSTRIES
 DERMTEC,LLC.
 DEROYAL CUSTOM KIT DIVISION
 DEROYAL INDUSTRIES,INC.
 DERRI AIR SEATS
 DERRON SURGICAL INSTRUMENTS
 DESERT ASSEMBLY,INC.
 DESIGN VERONIQUE
 DESOUTTER MEDICAL
 DETECTO SCALE COMPANY
 DEVELOPMENT WORKSHOP,INC.
 DEVILBISS HEALTHCARE
 DIABETES STORE
 DIAGNOSTIC TEST GROUP,LLC
 DIAL CORPORATION THE
 DIASAN CORPORATION
 DIATRON
 DICKSON COMPANY
 DIGITAL DOC,LLC.
 DIGITCARE CORPORATION
 DIMENSIONS MEDICAL SUPPLY GRP
 DIRECT SUPPLY
 DISC DISEASE SOLUTIONS INC
 DISK-O-TAPE,INC.
 DISPENSING DYNAMICS INTERNTL
 DISTRIBUTION SYSTMS INTERNATNL
 DISTRIBUTION SYSTMS INTERNATNL
 DIVERSA PRODUCTS
 DIVERSIFIED ENTERPRIZES
 DIXIE USA,INC.
 DJ ORTHOPEDICS/AIRCAST PRODUCT
 DJ ORTHOPEDICS,LLC.
 DJ ORTHOPEDICS,LLC.,DONJOY
 DJL ENTERPRISES,INC.
 DJO CHATTANOOGA

DJO GLOBAL
 DJO GLOBAL HOSPITAL LOGO
 DM SYSTEMS,INC.
 DOCTOR COMFORT
 DOCTOR DOWN,INC.
 DOCTORS EQUIPMENT SERVICE,INC.
 DOCUMENT IMAGING DIMENSIONS
 DOGAIN INSTRUMENTS,INC.
 DOMESTIC EXPORTS INC
 DONEGAN OPTICAL COMPANY,INC.
 DONOVAN INDUSTRIES/DUKAL
 DORAN SCALES,INC.
 DQE,INC.
 DR. EASY MEDICAL PRODUCTS,INC.
 DRAEGER,INC.
 DRAEGER,INC.
 DRAVON MEDICAL,INC.
 DRIVE MASON
 DRIVE MEDICAL/PRIMUS MEDICAL
 DRIVE/DEVILBISS HEALTHCARE
 DRUCKER COMPANY,INC.,THE
 DRUCKER DIAGNOSTICS
 DRUG PACKAGE,INC.
 DUKAL CORPORATION
 DUKAL CORPORATION (HERMITAGE)
 DUMEX MEDICAL
 DUPACO,INC.
 DUPONT PERSONAL PROTECTION
 DURACELL DISTRIBUTING,INC.
 DURALIFE,INC.
 DURHAM MANUFACTURING COMPANY
 DXE MEDICAL INC
 DYAD MEDICAL SOURCING,LLC.
 DYMEDIX CORPORATION
 DYNA MED
 DYNA MEDICAL CORPORATION
 DYNALAB CORPORATION
 DYNAMIC DIAGNOSTICS,INC.
 DYNAMIC LIGHT LLC
 DYNAREX CORPORATION
 DYNAREX CORPORATION
 E K INDUSTRIES,inc. dba EKI
 E MISHAN & SONS
 E.M. ADAMS COMPANY,INC.
 E.M.S. MEDICAL SURGICAL
 E-Z UP MEDICAL SEATING
 E-Z-EM,INC.
 EAGLE PARTS AND PRODUCTS,INC.
 EAR TECHNOLOGY CORPORATION
 EARTHLITE MESSAGE TABLES
 EASTERN RAIL SYSTEMS,INC.
 EBI MEDICAL
 ECI MEDICAL TECHNOLOGIES,INC.
 ECOLAB HEALTHCARE DIVISION
 ECOLAB INSTITUTIONAL DIVISION
 ECOLAB/MICROTEK MEDICAL,INC.
 ECOLAB/MICROTEK MEDICL OEM,INC
 ECONOLINE PRODUCTS
 EDAN DIAGNOSTICS,INC.
 EDLAW PHARMACEUTICALS
 EDWARDS LIFESCIENCES,LLC.

EHOB,INC.
 EIKO,LTD.
 EKF DIAGNOSTICS/STANBIO LABS
 EKLA CORPORATION
 EKLA CORPORATION
 ELECTRO MEDICAL EQUIPMENT CO.
 ELITECH GROUP INC
 ELKAY PLASTICS
 ELKAY PLASTICS
 ELLMAN INTERNATIONAL,INC.
 ELMED,INC.
 ELTA
 EMD MILLIPORE CORPORATION
 EME COMPANY,INC.
 EMEDCO
 EMERALD INTERNATIONAL HEALTH
 EMERSON HEALTHCARE,LLC.
 EMP/EMERGENCY MEDICAL PRODUCTS
 EMPI,INC.
 EMT,INC.
 ENCOMPAS UNLIMITED,INC.
 ENCOMPAS UNLIMITED,INC.
 ENCOMPASS PILLOW FACTORY DIVSN
 ENCOMPASS TECHSTYLES DIVISION
 ENCOMPASS TEXTILES & INTERIORS
 ENCOMPASS TSS MATTRESS DIV
 ENCOMPASS/ALBA HEALTH,LLC.
 ENCORE PLASTICS,INC.
 ENDOCHOICE,INC.
 ENDUR ID
 ENERGIZER BATTERY COMPANY
 ENERGIZER PERSONAL CARE,LLC.
 ENERGIZER PERSONAL CARE,LLC.
 ENERGIZER PERSONAL CARE,LLC.
 ENGEL,USA
 ENNOVATION
 ENOCHS MANUFACTURING,INC.
 ENRICK,COMPANY
 ENTHERMICS MEDICAL SYSTEMS
 ENVIROMENTAL SYS & SOLUT.,INC.
 ENVIROMET
 ENVISION INC
 ENVISION UNLIMITED
 ENWORK
 ENZYME INDUSTRIES,INC.
 ENZYME SOLUTIONS,INC.
 EOI INC
 EPS,INC.
 EQUASHIELD,LLC
 EQUIPMENT FOR INDEPENDENCE,INC
 ERA HEALTH,LLC dba VETERAN'S H
 ERBA DIAGNOSTICS,INC.
 ERBE USA,INC.
 ERGOMAT,LLC.
 ERGOMED,INC.
 ERIE MEDICAL
 ERIE SCIENTIFIC COMPANY
 ESPECIAL NEEDS
 ESSENDANT/LAGASSESWEET,INC.
 ESSENTIAL PHARMACEUTICALS,LLC.
 ETERNAL INK INC

ETHICON ENDO-SURGERY,INC.
 ETHICON INC.,DRAINS
 ETHICON INC.,NON-SUTURE
 ETHICON INC.,SUTURES
 ETHOX MEDICAL,LLC.
 EUROAMERICAN IP,LLC
 EVACUSLED,INC.
 EVENFLO FEEDING,INC.
 EVENFLO PRODUCTS COMPANY
 EVO MEDICAL SOLUTIONS
 EVO MEDICAL SOLUTIONS
 EVOLUTION MEDICAL PRODUCTS,INC
 EXCEL DENTAL PARTS,INC.
 EXCEL MEDICAL SUPPLIES INC
 EXCEL SUPPLY,INC.
 EXCELERON MEDICAL INC
 EXCELL MEDICAL SUPPLY & REPAIR
 EXCELSIOR MEDICAL CORPORATION
 EXEL INTERNATIONAL,INC.
 EXERGEN CORPORATION
 EXOMOTION LLC
 EZ GRAPH
 EZ WAY,INC.
 FABCO
 FABRICATION ENTERPRISES,INC.
 FACET TECHNOLOGIES
 FASHION SEAL UNIFORMS
 FASTENAL COMPANY
 FASTSIGNS
 FEDCO,LLC
 FELIX STORCH,INC.
 FEMALE HEALTH COMPANY,THE
 FENWAL,INC.
 FERNDAL LABORATORIES,INC.
 FERNO EMS
 FERRIS MANUFACTURING CORPORATN
 FILER MEDICAL,INC.
 FINE SURGICAL INSTRUMENTS
 FIRST AID ONLY,INC.
 FIRST HEALTHCARE PRODUCTS
 FIRST NATION GROUP,LLC DBA JOR
 FIRST QUALITY PRODUCTS,INC.
 FIRST WAVE PRODUCTS GROUP,LLC.
 FISHER & PAYKEL ACUTE CARE DIV
 FISHER & PAYKEL HOMECARE DIVSN
 FISHER HEALTHCARE
 FISHER HEALTHCARE
 FISHER HEALTHCARE
 FISHER HEALTHCARE SWEST
 FLA ORTHOPEDIC
 FLAGHOUSE
 FLEXICARE,INC.
 FLOTEC,INC.
 FLOW TEK,INC.
 FLUKE ELECTRONICS CORPORATION
 FMP HEALTHCARE PRODUCTS,INC.
 FOCUS MEDICAL & DENTAL
 FOLEY LABORATORY SERVICES
 FOLEY MEDICAL SUPPLY CO
 FOLLETT CORPORATION
 FOOT SMART

FORDION PACKAGING,LTD.
 FOREST MEDICAL
 FOREVER NEW
 FORM AND FUNCTION LLC
 FORMS ASSOCIATES,INC.
 FOUGERA PHARMACEUTICALS,INC.
 FOURFOOT
 FOX CONVERTING,INC.
 FREEMAN MANUFACTURING,CO.
 FREIGHT CHARGES
 FRESENIUS USA,INC.
 FREUDENBERG MEDICAL,LLC.
 FUSION INK,LLC.-TEXAS
 FUTREX,INC.
 FUTURE HEALTH CONCEPTS INC
 FUTURED MED AMERICA,INC.
 Grogan's Healthcare Supply
 GABRIEL FIRST CORPORATION
 GALLINI MEDICAL DEVICES
 GALLS,INC.
 GALUXY MEDICAL,INC.
 GAMA ELECTRONICS/CONCORD DIV.
 GAMBRO RENAL PRODUCTS,INC.
 GANESH MILLS,INC.
 GARRETT CLOCK SALES
 GAUMARD SCIENTIFIC
 GE HEALTHCARE OEC
 GE HEALTHCARE/AMERSHAM
 GE MEDICAL ACCESSORIES & SUPP
 GE MEDICAL SYS INFO IT
 GE MEDICAL SYS INFO CARDIO
 GEBAUER COMPANY
 GEERPRES
 GEIGER MEDICAL TECHNOLOGIES
 GENDRON,INCORPORATED
 GENERAL CARDIAC TECHNOLOGY,INC
 GENERAL PHYSIOTHERAPY,INC.
 GENERAL TOOLS & INSTRUMENTS
 GENERICA MEDICAL INTERNATIONAL
 GENESEE BIOMEDICAL,INC.
 GENSTAR TECHNOLOGIES CO.,INC.
 GENZYME DIAGNOSTICS
 GEO-MED,LLC.
 GEORGE GLOVE COMPANY,INC.
 GEORGE TIEMANN & CO
 GEORGIA-PACIFIC PROFESSIONAL
 GERI INC
 GERI-CARE PHARMACEUTICALS
 GERMAINE LABORATORIES,INC.
 GERSHEL BROTHERS,INC.
 GERSON MEDICAL PRODUCTS DIV.
 GETINGE USA,INC.
 GETINGE/CASTLE INV (VA)
 GETTIG PHARM INSTRUMENT CO.
 GI SUPPLY,INC.
 GILL PODIATRY SUPPLY & EQUIP.
 GISH BIOMEDICAL,INC.
 GKR INDUSTRIES,INC.
 GLADDEN & METZ,INC.
 GLOBAL HEALTH PRODUCTS,INC.
 GLOBAL INDUSTRIAL

GLOBAL MEDICAL PARTNERS
 GLOBAL PROCUREMENT SOLUTIONS
 GLOBE SCIENTIFIC,INC.
 GLOMAX INC
 GMAX INDUSTRIES,INC.
 GMP MANUFACTURING/GEORGE DISP
 GMS MEDICAL,LLC.
 GN OTOMETRICS NORTH AMERICA
 GOJO INDUSTRIES INC - GOVT
 GOJO INDUSTRIES,INC.
 GOLDA,INC.
 GOLDEN TECHNOLOGIES,INC.
 GOOD-LITE COMPANY
 GOODHEALTH MEDICAL PRODUCTS
 GOODTIME MEDICAL,INC.
 GORDON LABORATORIES
 GORDON N. STOWE & ASSOC.,INC.
 GOSS SERVICE ASSOCIATES LLC
 GOVERNMENT SCIENTIFIC SOURCE
 GRACE MANUFACTURING,INC.
 GRACE MEDICAL
 GRACE MEDICAL,INC.
 GRAHAM MEDICAL PRODUCTS
 GRAHAM-FIELD HEALTH PRODUCTS
 GRAINGER
 GRANT AIR MASS
 GRAPHIC CONTROLS,LLC.
 GRASON-STADLER
 GREENFLOW ENVIROMENTAL SERVICE
 GREINER BIO-ONE NORTH AMER,INC
 GREMED GROUP,CORP.
 GRIFFIN CARE,LLC
 GTL SUPPLY SOLUTIONS,LLC.
 GUERBET,LLC.
 GULDEN OPHTHALMICS
 GUY & O'NEIL,INC.
 GYN DISPOSABLE
 GYRUS ACMI
 GYRUS ACMI LP (ENT)
 GYRUS ENT,LLC.
 H.T. HACKNEY COMPANY
 H&H MEDICAL CORPORATION
 H&S MANUFACTURING COMPANY
 HACH COMPANY
 HAEMONETICS CORPORATION
 HALLSTAY/TAVINGTON,INC.
 HALO SPORTS & SAFETY,INC.
 HALYARD HEALTH
 HALYARD HEALTH/ACUTE PAIN DIV.
 HAMILTON BELL COMPANY,INC.
 HAMILTON MEDICAL COMPANY
 HANDI-CRAFT COMPANY
 HANDI-CRAFT COMPANY
 HANDLING CHARGES
 HANSON MEDICAL
 HAPPY CHEF,INC.
 HARBOR LINEN
 HARDCORE TATTOO EQUIPMENT
 HARDWOOD PRODUCTS CO
 HARLOFF COMPANY,THE
 HAROD ENTERPRISES INC

HARVARD DRUG GROUP,THE
 HARVY SURGICAL SUPPLY CORP.
 HAUFF MID-AMERICA SPORTS
 HAUSMANN INDUSTRIES,INC.
 HAUSTED PATIENT HNDLNG SYS,LLC
 HAVEL'S,INC.
 HBH SOLUTIONS LLC
 HCS MEDICAL SOLUTIONS,INC.
 HEALIO HEALTH
 HEALTH CARE LOGISTICS,INC.
 HEALTH CARE PROMOTIONS,LLC.
 HEALTH DESIGN
 HEALTH-O-METER PROFESSIONAL
 HEALTHCARE EQUIPMENT & PARTS
 HEALTHCARE INTERNATIONAL
 HEALTHLINK/CLOROX HEALTHCARE
 HEALTHMARK INDUSTRIES,CO.,INC.
 HEALTHSMART INTERNATIONAL
 HEART SQUAD INC
 HEARTLAND PAPER COMPANY
 HEARTSINE TECHNOLOGIES INC
 HELENA LABORATORIES
 HELY & WEBER ORTHO SPORTS MED.
 HEMAGEN DIAGNOSTICS INC
 HEMASOURCE,INC.
 HEMOCUE AMERICA
 HEMOSENSE,INC.
 HEMOSURE,INC.
 HENRY SCHEIN,INC. DENTAL
 HERAEUS KULZER
 HERITAGE BAG COMPANY
 HEURISTIC MEDICAL SYS
 HICKORY BATHING & HC SOLUTIONS
 HIGH FIVE PRODUCTS,INC.
 HILCO
 HILL-ROM COMPANY STORE
 HILL-ROM COMPANY,INC.
 HIRAOKA NEW YORK,INC.
 HME EXCHANGE LLC
 HMS TECHNOLOGIES
 HOBO TATTOO EQUIP MANUFACTORY
 HOBSON ASSOCIATES
 HOGENTOGLER & CO.,INC.
 HOLLISTER,INC.
 HOLOGIC,L.P.
 HOMECARE PRODUCTS INC
 HOMEWOOD HEALTHCARE
 HONEYWELL INDUSTRIAL SAFETY
 HONEYWELL SAFETY PRODUCTS,INC.
 HOOD LABORATORIES,INC.
 HOPKINS MEDICAL PRODUCTS
 HOPKINS MEDICAL PRODUCTS-GOVT
 HORIBA ABX DIAGNOSTICS
 HOSPECO/HOSPITAL SPECITY COMP.
 HOSPIRA WORLDWIDE,INC.
 HOSPITAL DISPOSABLES OEM
 HOSPITAL MARKETNG SERVICES,INC
 HOUSEHOLD APPLIANCE SELL & SER
 HR PHARMACEUTICALS,INC.
 HTL-STREFA,INC.
 HU-FRIEDY MANUFACTURING CO,LLC

HUDSON INDUSTRIES,INC.
 HULL ANESTHESIA,INC.
 HUMAN BIOSCIENCES,INC.
 HUMANE RESTRAINT CO.,INC.
 HUMANICARE
 HUNTLEIGH HEALTHCARE INC
 HUOT INSTRUMENTS,LLC.
 HUTCHINS & HUTCHINS,INC.
 HUTCHISON SANITARY SUPPLY,INC.
 HY SUPPLIES
 HY-TAPE INTERNATIONAL,INC.
 HYDROX LABORATORIES,INC.
 HYGENIC CORPORATION,THE
 HYGENIC/PERFORMANCE HEALTH
 H2ORS INC
 I.C. MEDICAL,INC.
 I.V. HOUSE INC
 I.V. LEAGUE MEDICAL
 ICP MEDICAL
 ICP MEDICAL,LLC.
 ICU MEDICAL SALES,INC.
 IDEAL MEDICAL PRODUCTS
 IDENTIPLUS HEALTHCARE SOLUTION
 ILEX HEALTH PRODUCTS,LLC.
 IM DIAGNOSTICS
 IMACOR,INC.
 IMAGE ARTS ETC.
 IMAGE DERM INC
 IMMUNOSTICS,INC.
 IMPERIAL FASTNERS
 IMPLUS,LLC.
 IMS-INTERNATIONAL MED SYSTEMS
 INDEPENDENCE MEDICAL
 INDEPENDENCE MEDICAL
 INDEPENDENCE MEDICAL
 INDEPENDENT LIVING AIDS
 INDEPENDENT MEDICAL ASSOCIATES
 INDUSTRIES FOR THE BLIND,INC.
 INFLUENT MEDICAL
 INFOPIA USA
 INFORMATION PRODUCTS,INC.
 INGRAM MICRO,INC.
 INHEALTH TECHNOLOGIES
 INKOMPARABLE
 INKSANITY INK
 INNOMED TECHNOLOGIES,INC.
 INNOMED,INC.
 INNOTECH PRODUCTS INC
 INNOVACYN,INC.
 INNOVATIVE BIODEFENSE,INC.
 INNOVATIVE HEALTHCARE SOLUTION
 INNOVATIVE MED,INC.
 INNOVATIVE MEDICAL EQUIP,LLC.
 INNOVATIVE MEDICAL SYSTEMS,INC
 INNOVATIVE PRODUCTS UNLIMITED
 INNOVATIVE RESEARCH LABS,INC.
 INNOVATIVE THERAPIES,INC.
 INNOVIA MEDICAL
 INOGEN,INC.
 INSOURCE,INC.
 INSTRAMED SURGICAL PRODUCTS

INSTRUMENT SPECIALISTS,INC.
 INSTRUMENTATION INDUSTRIES,INC
 INTEGRA LIFESCIENCES SALES,LLC
 INTEGRA MILTEX
 INTEGRA NEUROSCIENCES
 INTEGRA PAIN MANAGEMENT
 INTENSA,INC.
 INTEPLAST GROUP,LTD.
 INTEPLAST GROUP,LTD.
 INTERLIGHT
 INTERMETRO INDUSTRIES CORP.
 INTERNAL CLEANSING DYNAMICS
 INTERNATIONAL MEDICATION
 INTERNATIONAL TECHNIDYNE
 INTERNTL MEDICAL DEVICES,INC.
 INTERSIGN CORPORATION
 INTERSTATE BATTERIES
 INTERSTATE BATTERIES CENTRL WV
 INTERSURGICAL,INC.
 INTOXIMETERS INC
 INTRALIN CORPORATION
 INVACARE CONTINUING CARE
 INVACARE CONTINUING CARE
 INVACARE CORPORATION
 INVACARE CORPORATION/PARTS
 INVACARE SUPPLY GROUP
 INVENIO HEALTHCARE,LLC.
 INVERNESS MEDICAL PROF DIAG
 INVIRO MEDICAL DEVICES,INC.
 INVIVO CORPORATION
 INVOTEC INTERNATIONAL,INC.
 IQ DOCTOR,INC.
 IRIS SAMPLE PROCESSING
 IRRIMAX CORPORATION
 IRSG HEALTHCARE
 IT'S YOU BABE,LLC.
 ITA MEDICAL COMPANY
 ITAMAR MEDICAL INC
 ITIN SCALE COMPANY
 IVERA MEDICAL CORPORATION
 IVY BIOMEDICAL SYSTEMS,INC.
 IZI MEDICAL PRODUCTS,LLC.
 J&J ATHLETIC PRODUCTS
 J&J CONSUMER PRODUCTS
 J&J CONSUMER/PFIZER
 JAKEN MEDICAL INC
 JANIN GROUP,INC.
 JANPAK SUPPLY SOLUTIONS
 JANT PHARMACAL CORPORATION
 JAYBIRD & MAIS,INC.
 JD NELSON & ASSOCIATES
 JEDMED INSTRUMENT COMPANY
 JEFFERSON DIVERSIFIED CORP.
 JERO MEDICAL EQUIP & SUPPLIES
 JETCOR,INC.
 JJ SKINNER,INC.
 JLS MEDICAL PRODUCTS GROUP
 JOANNE M. RUPPE
 JODEE,INC.
 JOERNS HEALTHCARE
 JOHNSON CITY BEDDING/RESTONIC

JONES MEDICAL INSTRUMENT CO.	KOBAYASHI COMPANY/MEDIHEAT	LOGAN BASIC METHODS
JONES ZYLON COMPANY	KOL BIO-MEDICAL INSTRUMENTS	LOGICMARK LLC
JOSHEN PAPER & PACKAGING CO.	KOL BIO-MEDICAL INSTRUMENTS,IN	LOGIQUIP,LLC/CARI-ALL
JOSNOE MEDICAL,INC.	KOVA INTERNATIONAL,INC.& AFFIL	LOMBART INSTRUMENT
JRB MEDICAL ASSOCIATES INC	KOVEN TECHNOLOGY,INC.	LSI SOLUTIONS
JRT ASSOCIATES	KPAUL PROPERTIES,LLC DBA KPAUL	LSL HEALTHCARE,INC.
JS DENTAL MANUFACTURING INC	KURT/THERADYNE	LTL MEDICAL,LLC.
JUBILANT HOLLISTERSTIER,LLC.	L S & S,LLC.	LUMEX INC
JUMP USA	L&R USA,INC.	LUMINAUD,INC.
JUNKIN SAFETY APPLIANCE CO.INC	LA CROSSE TECHNOLOGY,LTD.	LUMISCOPE
JUST HEALTH SHOPS	LA-Z-BOY CONTRACT FURN KNU,LLC	LUXO CORPORATION
JUSTMAN BRUSH CO	LAB RESEARCH PRODUCTS	LUXOR
JUZO	LAB SAFETY SUPPLY INC	LW SCIENTIFIC,INC.
K-ART X-RAY SUPPLY COMPANY	LAB SAFETY SUPPLY,INC.	LXU MEDICAL
KANGAROO MEDICAL PRODUCTS	LAB STORAGE SYSTEMS,INC.	LYNN MEDICAL
KAPPLER USA	LABCON NORTH AMERICA	LYON WORKSPACE PRODUCTS,LLC.
KARL STORZ ENDOSCOPY AMERICA	LABCORP	L1 ENTERPRISES,INC.
KARL STORZ ENDOSCOPY-AMER.,INC	LABORIE MED TECHNOLOGIES CORP	M. JACOB & SONS
KAT HEALTH PRODUCTS	LABORIE MEDICAL TECH CORPORATN	M.BLOCK & SONS,INC.
KATUN CORPORATION	LABSCO	M.C. JOHNSON COMPANY,INC.
KAWASUMI AMERICA	LAERDAL MEDICAL CORPORATION	M.S. PLASTICS & PACKAGING CO.
KAYE PRODUCTS,INC.	LAKE CITY PRODUCTS, INC.	M.W. MOONEY & COMPANY
KAZ,INC	LAKESIDE MANUFACTURING,INC.	M&R ENTERPRISES,INC.
KAZ,USA	LAMBS MEDICAL SUPPLY,INC.	M&R MEDICAL LLC
KCI USA,INC.	LAMED,INC.	M-PACT WORLDWIDE,LLC
KEBBY INDUSTRIES,INC.	LAMEDCO HOSPITAL SUPPLY	MABIS HEALTHCARE,INC.
KEELER INSTRUMENTS,INC.	LAMICO,INC.	MAC MED
KEES GOEBEL MEDICAL	LANDAU UNIFORMS	MAC MEDICAL SUPPLY CO.,INC.
KELLY DAWN SYSTEMS INC	LANDMARK HEALTHCARE,INC.	MAC MEDICAL SUPPLY CO.,INC.
KELSAN/INDUSTRIAL PAPER & PKG	LANE ENTERPRISES UNITED,LLC	MADA MEDICAL PRODUCTS,INC.
KEM MEDICAL PRODUCTS CORPORATN	LANSINOH LABORATORIES,INC.	MADDAK,INC.
KENAD MEDICAL SG,INC.	LASER TOUCH ONE	MAGELLAN DIAGNOSTICS,INC.
KENAD SG MEDICAL,INC.	LAYDEE LORAYNE,INC.	MAGID GLOVE & SAFETY MFR,LLC.
KENDALL HEALTHCARE CUSTOM	LC INDUSTRIES	MAGNATAG
KENERIC HEALTHCARE,LLC	LCR HALLCREST,LLC.	MAGNUM MEDICAL
KENLOR INDUSTRIES INC	LDI CORPORATION	MAGNUM MEDICAL,LLC.
KENT ELASTOMER PRODUCTS,INC.	LE MANS INDUSTRIES CORP	MAILENDER BARNETT,INC.
KENT LATEX PRODUCTS	LEGGETT AND PLATT	MAINLINE MEDICAL,INC.
KENT PRECISION FOODS GROUP INC	LEONHARD LANG USA,INC.	MAJOR PHARMACEUTICALS
KENTEC MEDICAL,INC.	LEW JAN TEXTILE	MAJOR-LAB MANUFACTURING
KERMA MEDICAL PRODUCTS,INC.	LEXINGTON INTL LLC	MAJORS BOOKS
KEY SURGICAL	LEXION MEDICAL,LLC	MAKE ME HEAL
KEYSTONE CALIBRATIONS	LHASA OMS,INC.	MALLINCKRODT INC
KI	LHB INDUSTRIES	MANNIX INSTRUMENT
KIMBERLY CLARK BALLARD	LIBERTY DISTRIBUTION INC	MANUKA HONEY USA,LLC.
KIMBERLY CLARK CUSTOM	LIEBEL-FLARSHEIM COMPANY,LLC.	MANUKAMED USA
KIMBERLY CLARK HEALTH CARE	LIFE-TECH,INC.	MANUS MEDICAL,LLC.
KIMBERLY CLARK PROFESSIONAL	LIFECARE	MAQUET MEDICAL SYSTEMS USA
KIMBERLY CLARK SAFETY	LIFESIGN,LLC.	MAQUET MEDICAL SYSTEMS USA
KIMBERLY-CLARK CORP	LIFETEC,INC.	MAR COR PURIFICATION,INC.
KIMBLE CHASE,LLC.	LIGHT-TECH,INC.	MAR-MED COMPANY
KING SYSTEMS CO.	LIGHTHOUSE FOR THE BLIND	MAR-MED COMPANY
KINGSLEY MANUFACTURING COMPANY	LIGHTHOUSE FOR THE BLIND DBA	MAR-MED,INC.
KIRWANS SURGICAL	LINKS MEDICAL PRODUCTS,INC.	MARATHON MEDICAL CORPORATION
KLEEN TEST PRODUCTS	LIPPINCOTT WILLIAMS & WILKINS	MARENA GROUP,INC.,THE
KLEIN MEDICAL SUPPLY	LISKO BEAUTY & BARBER SUPPLY,	MARENA GROUP,INC.,THE
KLS MARTIN	LITE SOURCE,INC.	MARINA MEDICAL INSTRUMENTS,INC
KM MEDICAL,LLC.	LLORENS PHARMACEUTICAL INTERNA	MARKETLAB,INC.
KNIT RITE,INC.	LMA NORTH AMERICA INC	MARKEY MEDICAL CONCEPTS
KNUEPPEL HEALTHCARE SERVICE	LMA NORTH AMERICA,INC.	MARLEN MFG & DEVELOPMENT CO.
KOALA KARE PRODUCTS	LMH HAWTHORNE DBA PISCES HEALT	MARPAC,INC.

MARPAC,LLC.	MEDICAL COMPRESSION SYSTEM,INC	MEDVIRON,LLC
MARSHALL-BROWNING INTERNATIONAL	MEDICAL CONCEPTS DEV INC	MEDWORLD SUPPLY INC
MASIMO AMERICAS,INC.	MEDICAL CONCEPTS DEVELOPMENT,INC	MEESE INC.
MASON TAYLER MEDICAL CORPORATION	MEDICAL CONCEPTS EUROPE	MEGADYNE MEDICAL PRODUCTS,INC.
MASTER MEDICAL EQUIPMENT,LLC.	MEDICAL DEVICE TECHNOLOGIES	MELLING,LLC. DBA MELLING MEDIC
MASTERS MEDICAL,INC.	MEDICAL DEVICE TECHNOLOGY	MENTOR (BYRON)
MAXANT TECHNOLOGIES	MEDICAL DISP & SPECIALTIES	MERCEDES MEDICAL
MAXTEC,INC.	MEDICAL FITTINGS	MERCER COUNTY REHAB SUPPLY,INC
MAXWELL FOOD EQUIPMENT	MEDICAL IMAGING	MERCK & COMPANY,INC.
MAYBECK,INC.	MEDICAL INDICATORS,INC.	MERCURY MEDICAL
MAYS CHEMICAL COMPANY	MEDICAL INTERNATIONAL RESEARCH,INC.	MERCY MEDICAL EQUIPMENT COMPANY
MAZZA HEALTHCARE,LLC.	MEDICAL NUTRITION USA,INC.	MERCY SURGICAL DRESSING GRP
MCAULEY MEDICAL,INC.	MEDICAL PLACE INC - GOVT	MERIDIAN BIOSCIENCE,INC.
MCCARTY'S SACROEASE	MEDICAL PRODUCTS RESOURCE	MERIDIAN MEDICAL,LLC.
MCCORMICK MEDICAL DISTRIBUTION	MEDICAL RESEARCH LABORATORIES	MERIT MEDICAL SYSTEMS OEM,INC.
MCCORMICK SCIENTIFIC	MEDICAL RESOURCES	MERIT MEDICAL SYSTEMS,INC.
MCGOWAN ENTERPRISES	MEDICAL SOLUTIONS INTERNATIONAL,INC.	MERITS HEALTH PRODUCTS
MCKESSON MEDICAL-SURGICAL	MEDICAL SPECIALTIES,INC.	MERRY WALKER CORPORATION
MCKESSON SPECIALTY DIST.,LLC.	MEDICAL SPECIALTIES DIST.,LLC.	MERRY X-RAY
MCLAIN SURGICAL	MEDICAL SPECIALTY INNOVATIONS	MES,INC.
MCMASTER-CARR SUPPLY COMPANY	MEDICAL TECHNIQUE,INC.	METREX & TOTAL CARE
MCSHANE WELDING,INC.	MEDICAL TECHNOLOGY	METRO MEDICAL SUPPLY,INC.
MDF INSTRUMENTS,INC.	MEDICAL-CALCULATOR.COM	METRON MEDICAL,INC.
MDI CORPORATION	MEDICO INTERNATIONAL,INC.	METROPOLITAN HOME HEALTH PROD
MEAD JOHNSON & COMPANY,LLC.	MEDICO-MART INC	METROPOLITAN MEDICAL INC.
MECTRA LABS,INC.	MEDICORE MEDICAL SUPPLY	METTLER ELECTRONICS CORPORATION
MED ALLIANCE GROUP,INC.	MEDICORE MEDICAL SUPPLY	MG SCIENTIFIC
MED LIFT & MOBILITY,INC.	MEDICUS LIS	MHC MEDICAL PRODUCTS LLC
MED-FIT SYSTEMS,INC.	MEDIPURPOSE,INC.	MICRO DIRECT,INC.
MED-MIZER,INC.	MEDISOURCE,INC.	MICRO ESSENTIAL LABORATORY
MED-STOR	MEDITEK INCORPORATED	MICRO-SCIENTIFIC,LLC.
MEDASONICS INC	MEDIVATORS,INC.	MICROAIRE SURGICAL INSTRUMENTS
MEDCARE PRODUCTS,INC.	MEDIVATORS,INC.	MICRODAQ.COM,LTD.
MEDCENTER SYSTEMS LLC	MEDIWATCH USA INC.	MICROLINE SURGICAL,INC.
MEDCO INSTRUMENTS,INC.	MEDLINE INDUSTRIES,INC.	MICROMED,LLC.
MEDCO SPORTS MEDICINE	MEDLINE/MAXXIM/CUSTOM KIT	MICROSCOPE WORLD
MEDEFIL,INC.	MEDLINE/PHS CUSTOM KITS	MICROTEK MEDICAL,INC.
MEDEGEN INC	MEDLINK IMAGING LLC	MID CENTRAL MEDICAL
MEDEGEN MEDICAL PRODUCTS,LLC.	MEDMIZER	MID-AMERICA SERVICE SOLUTIONS
MEDELA,INC.	MEDOVATIONS INC	MIDLAND HOSPITAL SUPPLY
MEDEX CARDIO PULMONARY	MEDPLUS SERVICES USA	MIDMARK CORPORATION
MEDGLUV,INC.	MEDPLUS SERVICES USA/SIEMENS	MIDWAY MEDICAL LLC
MEDGYN PRODUCTS,INC.	MEDQUIP	MIDWEST MEDICAL,INC.
MEDI	MEDSOURCE INTERNATIONAL,LLC	MILLENNIAL MEDICAL
MEDI COMP	MEDSOURCE,LLC.	MILLER-STEPHENSON CHEM CO.,INC
MEDI CRUSH	MEDTECH,INC.	MILLIKEN HEALTHCARE,LLC.
MEDI-DYNE HEALTHCARE PROD.,LTD	MEDTECK SERVICES	MIMEDX GROUP,INC.
MEDI-GLOBE CORPORATION	MEDTEK,LLC	MINDRAY DS USA,INC.
MEDI-I-PANT INC	MEDTEST	MINE SAFETY APPLIANCES/
MEDI-STIM,INC.	MEDTEXTILE	MIP,INC.
MEDI-TECH INTERNATIONAL CORP	MEDTHERAPIES,LLC DBA BRACE SHO	MISCELLANEOUS FEES ACCT. ONLY
MEDI-TECH INTERNATIONAL,CORP.	MEDTOX DIAGNOSTICS INC	MISCELLANEOUS VENDOR
MEDI,USA,L.P.	MEDTRAK TECHNOLOGIES,INC.	MISSION PHARMACAL COMPANY
MEDIAID,INC.	MEDTRITION,INC.	MISSISSIPPI INDUSTRIES FOR THE
MEDIANA TECHNOLOGIES CORPORATION	MEDTRITION,INC.	MITCHELL PLASTICS,INC.
MEDIBADGE,INC.	MEDTROL,INC.	MIZUHO ORTHOPEDIC SYSTEMS,INC.
MEDIC BATTERIES	MEDTRONIC USA	MJM INTERNATIONAL CORPORATION
MEDICAL ACTION INDUSTRIES,INC.	MEDTRONIC USA,INC.	MMJ LABS,LLC.
MEDICAL CHEMICAL CORPORATION	MEDTRONIC USA,INC./XOMED	MMS-A MEDICAL SUPPLY COMPANY
MEDICAL CODING BOOKS,INC.	MEDTRONIC/ELECTROMEDICS, INC	MOBILE INSTRUMENT SERVICE & RE
MEDICAL COMPONENTS,INC.	MEDVANTAGE COMPANY	MOBILITY TRANSFER SYSTEMS,INC.

MOBILITY UNLIMITED,INC.
 MODERN WAY IMMOBILIZERS
 MOHAWK MEDICAL MALL
 MOLDED FIBER GLASS TRAY CO.
 MOLDED PRODUCTS,INC.
 MOLDEX-METRIC,INC.
 MOLNLYCKE HEALTH CARE US,LLC.
 MOLNLYCKE HEALTH CARE,INC.
 MOMENTUM SUPPLY LLC
 MONAGHAN MEDICAL CORPORATION
 MONARCH SALES
 MONET MEDICAL,INC.
 MONGAUP TECHNOLOGIES INC
 MONOSOL,LLC.
 MONTANA BROOM & BRUSH
 MOOG MEDICAL DEVICES GROUP
 MOOG MEDICAL DEVICES GROUP
 MOONEY & COMPANY,INC.
 MOORE MEDICAL,LLC.
 MOORE WALLACE
 MOPEC,INC.
 MORGUE-MISCELLANEOUS VENDORS
 MORRISON MEDICAL
 MORTAN,INC
 MORTARA INSTRUMENT,INC.
 MOTION MOBILITY & DESIGN, INC
 MP BIOMEDICALS, LLC
 MPD MEDICAL SYSTEMS,INC.
 MPM MEDICAL,INC.
 MRI EQUIPMENT,LLC.
 MSA/ CATALYST RESEARCH/MINE
 MSC INDUSTRIAL SUPPLY COMPANY
 MSI PRECISION INSTRUMENTS
 MUELLER SPORTS MEDICINE,INC.
 MULTI BIO SENSORS,INC.
 MULTISORB TECHNOLOGIES,INC.
 MURDOCK INDUSTRIAL,INC.
 MVAP MEDICAL SUPPLIES,INC.
 MY FOREVER PRINTS
 MYCO MEDICAL SUPPLIES,INC.
 MYLAN INSTITUTIONAL,INC.
 N M INDUSTRIES
 NAGEL NETWORK INC,THE
 NAIMCO
 NANOENTEK USA,INC.
 NASCO HEALTHCARE
 NASHVILLE SURGICAL INSTRUMENTS
 NATIONAL AUTISM RESOURCES
 NATIONAL BIOLOGICAL CORPORATON
 NATIONAL CREATIVE ENTERPRISES
 NATIONAL DISTRIB & CONTRACTING
 NATIONAL INDUSTRIES CORPORATON
 NATIONAL OPHTHALMIC
 NATIONAL POWER CHAIR,INC.
 NATUS MEDICAL,INC./BIOLOGIC
 NATUS MEDICAL,INC./EMBLA
 NATUS MEDICAL,INC./NEUROLOGY
 NATUS MEDICAL,INC./NICOLET DOP
 NATUS MEDICAL,INC./OLYMPIC
 NATUS MEDICAL,INC./XLTEK
 NAVILYST MEDICAL OEM,INC.

NAVILYST MEDICAL,INC.
 NCES INC
 NDC INC
 NDC INC DENTAL
 NDD MEDICAL TECHNOLOGIES,INC.
 NEEDI SAFETY SUPPLY CORPORATON
 NEKOOSA COATED PRODUCTS,LLC.
 NELLCOR PURITAN BENNETT
 NEOMED,INC.
 NEOTECH PRODUCTS,INC.
 NESTLE CLINICAL NUTRITION
 NESTLE HEALTHCARE NUTRITION
 NESTLE NUTRITION PUMPS DIVISION
 NEUROMETRIX
 NEUROTHERM,INC.
 NEW BALANCE FITNESS EQUIPMENT
 NEW BOLD CORPORATION
 NEW LIFE MEDICAL SERVICE
 NEW WINCUP HOLDINGS
 NEW WORLD IMPORTS
 NEW YORK EYE
 NEWMAN MEDICAL
 NEWMATIC MEDICAL
 NEWMEDICAL TECHNOLOGY,INC.
 NEXT MEDICAL PRODUCTS COMPANY
 NEXUS-DX
 NICHOLS PAPER & SUPPLY
 NIDEK MEDICAL PRODUCTS,INC.
 NIGHTINGALE-ALAN MES,LLC.
 NIHON KOHDEN AMERICA,INC.
 NIKOMED USA,INC.
 NIPRO DIAGNOSTICS INC
 NJR MEDICAL,INC.
 NKH LIFESAFETY,LLC.
 NO SINGLE PRODUCT ACCT. ONLY
 NOBEL BIOCARE USA,LLC.
 NOBLE FIBER TECHNOLOGIES
 NOBLE PINE PRODUCTS COMPANY
 NOIR LASER COMPANY,LLC.
 NOISEMETERS,INC.
 NONIN MEDICAL,INC.
 NOR-LAKE SCIENTIFIC,INC.
 NOR-LAKE SCIENTIFIC,INC.
 NORDSON MEDICAL
 NORTH AMERICAN RESCUE
 NORTH COAST MEDICAL,INC.
 NORTHERN SAFETY COMPANY,INC.
 NORTHFIELD MANUFACTURING,INC.
 NORTHLAND REHAB SUPPLY
 NOVA BIOMEDICAL CORPORATION
 NOVA HEALTH SYSTEMS,INC.
 NOVA ORTHO-MED
 NOVA-ONE DIAGNOSTICS
 NOVAMED SUPPLIERS
 NOVATEK CORPORATION
 NOVATEK MEDICAL
 NOVEL PRODUCTS,INC.
 NOVO NORDISK INC
 NOVOSCI CORPORATION
 NOVUM MEDICAL PRODUCTS,INC.
 NOVUS PRODUCTS COMPANY LLC

NSPIRE HEALTH,INC.
 NSS/NATIONAL SPECIALTY SERVICE
 NU-HOPE LABORATORIES,INC.
 NUANCE MEDICAL LLC
 NUCLEUS MEDICAL MEDIA,INC.
 NURSE ASSIST
 NURSE ASSIST,INC.
 NURSE ASSIST,INC.
 NURSES CHOICE CORPORATION
 NUSTEP,INC.
 NUTRAMAX PRODUCTS,INC.
 NUTRICIA NORTH AMERICA
 NUTRITION DIRECT
 NUTRITIONAL RESOURCES,INC.
 NXSTAGE MEDICAL,INC.
 NYTONE INC -MEDICAL DEPT
 O.E. MEYER COMPANY
 O.R. SOLUTIONS/MICROTEK,INC.
 O.R. SPECIFIC,INC.
 O-TWO MEDICAL TECHNOLOGIES INC
 OAKRIDGE PRODUCTS,INC.
 OAKWORKS INC.
 OASIS MEDICAL,INC.
 OBGYN
 OBP MEDICAL,INC.
 OCCK,INC.
 OCTOSTOP
 ODOR CONTROL TECHNOLOGY
 OFFICE FURNITURE WHOLESALE
 OHAUS CORPORATION
 OHIO DEPARTMENT OF HEALTH
 OHIO MEDICAL CORPORATION
 OHIO WHOLESLE BUSINESS FURNITRE
 OLSEN MEDICAL
 OLYMPUS AMERICA,INC.
 OMAHA BEDDING
 OMI INDUSTRIES,INC.
 OMNI INTERNATIONAL,CORPORATION
 OMNIMED,INC.
 OMRON HEALTHCARE,INC.
 ON-SITE TESTING SPECIALISTS
 OP-D-OP,INC.
 OPTI MEDICAL SYSTEMS
 OPTICS,INC.
 OPTIMAL
 OPTIMAL GOVT
 OPTP
 OR SPECIALTIES,INC.
 ORANGE-SOL BLENDING & PACKAGNG
 ORASURE TECHNOLOGIES,INC.
 ORGANOGENESIS,INC.
 ORS NASCO,INC.
 ORTHO CARE,INC.
 ORTHO CLINICAL DIAGNOSTICS
 ORTHO SYSTEMS DBA OVATION MEDI
 ORTHOPEDIC SYSTEMS INC.
 OSBORN MEDICAL CORP INC-GOVT
 OSBORN MEDICAL CORPORATION
 OSI OPTOELECTRONICS,INC.
 OSSUR AMERICAS,INC.
 OTTOBOCK HEALTHCARE

OWEN MUMFORD,INC.
OWENS & MINOR
OXIMETER PLUS, INC
O2COOL,LLC.
P N MEDICAL
P.A. PRODUCTS,INC.
PACIFIC MEDICAL INC
PACIFIC NORTHWEST X RAY INC
PACIFIC REHAB,INC.
PACIFIC WORLD CORPORATION
PACK RITE/DIV.METTLER_TOLEDO
PACON MANUFACTURING CORPORATON
PAIGE BOX COMPANY
PALL MEDICAL
PALM TREE GROUP,THE
PALMERO HEALTH CARE
PANASONIC HEALTHCARE CORP.
PAPER-PAK PRODUCTS CUSTOM
PARI RESPIRATORY EQUIPMENT,INC
PARKER LABORATORIES,INC.
PARKER MEDICAL
PARKER MEDICAL ASSOCIATES,LLC.
PARKS MEDICAL ELECTRONICS,INC
PARSONS GROUP,THE
PARTS AND LABOR
PASSY-MUIR,INC.
PATHPROOF,LLC.
PATIENT POSITIONING SYS,LLC.
PATIENT SAFETY GEAR,INC.
PATIENT TELEPHONE SUPPLY
PATTERSON DENTAL SUPPLY
PATTERSON MEDICAL
PATTERSON MEDICAL - GOVT
PAX HOLDINGS LLC
PBM PRODUCTS,LLC.
PCI MEDICAL,INC.
PCP-CHAMPION
PDC HEALTHCARE
PDI/HEALTHCARE DIV. NICE PAK
PEACE MEDICAL,INC.
PECK'S PRODUCTS COMPANY
PEDIA PALS,LLC.
PEDIATRIC MEDICAL SOLUTIONS
PEDICRAFT,INC.
PEDIFIX,INC.
PEDIGO PRODUCTS,INC.
PEDIGO PRODUCTS,INC.
PEL SUPPLY COMPANY
PELTON & CRANE
PENDERGAST SAFETY EQUIPMENT CO
PENUMBRA INC
PEPPER MEDICAL,INC.
PERFORMANCE HEALTH INC
PERFORMANCE SAFETY GROUP
PERIO,INC.
PERMA-TYPE COMPANY,INC.,THE
PERSONAL MEDICAL CORPORATION
PERSYS MEDICAL
PFIZER,INC.
PHAGIA GEL TECH
PHARMACEUTICAL INNOV

PHARMALUCENCE,INC.
PHARMASCIENCE LABORATORIES,INC
PHARMICS,INC.
PHB
PHILIPS HEALTHCARE
PHILIPS LIGHTING NORTH AM.CORP
PHILIPS MEDICAL SYSTEMS
PHILIPS RESPIRONICS
PHILLIPS SAFETY PRODUCTS
PHOENIX TEXTILE CORP
PHS WEST,INC.
PHYSICIAN SUPPLY COMPANY,LMTD.
PHYSICIANS RECORD COMPANY
PHYSIO-CONTROL,INC.
PICK INTERNATIONAL,INC.
PILGRIM MEDICAL EQUIPMENT CO.
PILLING SURGICAL/TELEFLEX MDCL
PILLING/TELEFLEX MEDICAL
PILOT MEDICAL PRODUCTS
PINESTAR TECHNOLOGY,INC.
PINNACLE PRODUCTS,INC.
PIRAMAL CRITICAL CARE,INC.
PITT PLASTICS,INC.
PIVOT ASSIST,LLC.
PLANO MOLDING COMPANY
PLASMARK CORPORATION
PLASTAG HOLDINGS,LLC.
PLASTI-PRODUCTS,INC.
PLATINUM CODE
PLG COMPANY
PMT CORPORATION
PMT MEDICAL,INC.
POLAR ELECTRO,INC.
POLAR PRODUCTS,INC.
POLARIS USA VIDEO,INC.
POLYFOAM PACKERS
POLYMEDCO INC
POLYMER MOLDING INC
POOL SIDE
POPISH,INC.
POSEY COMPANY
POST MEDICAL
POSTCRAFT
POUCH PLACE,INC.,THE
POWDERHORN INDUSTRIES INC.
POWER FLIGHT
PRE PACK PRODUCTS
PRE PLASTICS,INC.
PRECEPT MEDICAL PRODUCTS,INC.
PRECISION CHARTS,INC.
PRECISION MEDICAL,INC.
PRECISION MEDICAL,INC.
PRECISION PAPER CONVERTERS,LLC
PRECISION THERAPEUTICS,INC.
PRECISION VISION
PRECISON MEDICAL, INC
PREFERRED MEDICAL PRODUCTS
PREMIER GUARD,LLC.
PREMIER MARKETING INT., INC
PREMIER MEDICAL PRODTS COMPANY
PREMIER MEDICAL,INC.

PREMIER NARROW FABRICS
PREMIER PRODUCTS
PREMIUM BUSINESS PRODUCTS,INC.
PRESCRIPTION SUPPLY,INC.
PRESERVATION SOLUTIONS,INC.
PRESTIGE AMERITECH
PRESTIGE MEDICAL
PREVENT PRODUCTS,INC.
PRIDE HEALTH CARE INC
PRIDE MOBILITY PRODUCTS CORP.
PRIME MEDICAL
PRIMEDCO
PRIMELINE INDUSTRIES,INC.
PRIMIS HEALTHCARE SYSTEMS,INC.
PRIMO PADS
PRIMO,INC.
PRINCETON MEDICAL GROUP,INC.
PRINCIPLE BUSINESS ENT,INC.
PRINT MEDIA,INC.
PRISM MEDICAL,LTD.
PRO ORTHOPEDIC DEVICES
PRO STAT INC
PRO-LAB DIAGNOSTICS
PRO-MED PRODUCTS,INC.
PRO-TEC ATHLETICS
PROACTIVE MEDICAL PRODUCTS
PROACTIVE MEDICAL SUPPLIES
PROBASICS
PROCEDURE PRODUCTS OEM,INC.
PROCTER & GAMBLE DIST.,LLC.
PROCTOR & GAMBLE/DURACELL BATT
PROCTOR & GAMBLE/HLTH & BEAUTY
PRODIGY DIABETES CARE,LLC.
PROFESSIONAL APPEARANCES,INC.
PROFESSIONAL CASE
PROFESSIONAL MEDICAL
PROFESSIONAL PRODUCTS,INC.
PROFEX MEDICAL PRODUCTS
PROFORMA
PROFORMS,INC.
PROGNOTIONS,LLC.
PROGRESSIVE DYNAMICS,INC.
PROGRESSIVE MEDICAL INTERNTNL
PROGRESSIVE MEDICAL,INC.
PROMED
PROMEX TECHNOLOGIES,LLC.
PROMOTIONS NOW
PROPPER MANUFACTURING CO.,INC
PROTECH LEADED EYEWEAR,INC.
PROTECTAIDE
PROTECTION PRODUCTS,INC.
PROVIDE NUTRITION
PRYOR PRODUCTS
PS MANUFACTURING CO.
PTS DIAGNOSTICS
PULSE MEDICAL INC - GOVT
PURDUE PRODUCTS L.P.
PURETEK CORPORATION
PURITAN BENNETT GAS DIVISION
PURITAN MEDICAL PROD CO.,LLC.
PURKLENZ FORMULATIONS INC

PURONYX, INC.
 QB MEDICAL, INC.
 QC STORAGE, LLC.
 QFC PLASTICS, INC.
 QIAGEN, INC.
 QMED CORPORATION
 QOSINA CORPORATION
 QRS DIAGNOSTIC
 QS MEDICAL LLC
 QUAKER OATS COMPANY, THE
 QUANTIMETRIX CORPORATION
 QUARTERMASTER, INC.
 QUEEN CITY WHOLESALE INC
 QUEST MEDICAL, INC.
 QUICKMEDICAL
 QUICKMEDICAL GS
 QUIDEL CORPORATION
 QUOTIENT
 R & B WIRE PRODUCTS, INC.
 R & D BATTERIES, INC.
 R C MEDICAL/MEDI MOLD
 R SABEE COMPANY LLC
 R.G. MEDICAL DIAGNOSTICS, INC.
 R&D SYSTEMS, INC. A BIO-TECHNE
 R&R TEXTILE MILLS INC
 RADIATION PRODUCTS DESIGN, INC.
 RAGLAND & ASSOCIATES, LLC.
 RAINEY APPAREL MANUFACTURING
 RAM SCIENTIFIC INC
 RAM SCIENTIFIC, INC.
 RANGER ALL SEASON CORP
 RAPID PATHOGEN SCREENING, INC.
 RATERMANN MANUFACTURING, INC.
 RD PLASTICS COMPANY, INC.
 REA INCORPORATED
 REA, INC./SROUFE
 READY REFRESH BY NESTLE
 REDFIELD CORPORATION
 REDWOOD BIOTECH
 REHAB SOLUTIONS
 REICHERT, INC.
 REIDY MEDICAL SUPPLY, INC.
 RELIABLE SALES & SERVICE LLC
 REMEL
 REMINGTON MEDICAL, INC.
 RENU MEDICAL, INC.
 RESEARCH INSTRUMENTS NW, INC.
 RESMED CORPORATION
 RESPIRTECH
 RESPITECH MEDICAL, INC.
 RESTORATIVE CARE OF AMERICA
 RESTORATIVE CARE OF AMERICA, IN
 RESTROOM DIRECT
 RETRACTABLE TECHNOLOGIES, INC.
 REVMEDX, INC.
 RF SURGICAL SYSTEMS, INC.
 RF TECHNOLOGIES, INC.
 RICE LAKE WEIGHING SYSTEMS
 RICHARD-ALLAN SCIENTIFIC CO.
 RICHMOND PRODUCTS, INC.
 RICO SUCTION LABORATORIES

RIESTER USA, LLC.
 RJ SCHINNER CO INC
 RMC MEDICAL
 RMS MEDICAL PRODUCTS
 RMS OMEGA TECHNOLOGIES, INC.
 RNA MEDICAL
 ROBIN II
 ROCHE DIABETES CARE, INC.
 ROCHE DIAGNOSTICS CORPORATION
 ROCHESTER ELECTRO-MEDICAL, INC.
 ROCHESTER MEDICAL CORPORATION
 ROCHESTER MEDICAL CORPORATION
 ROCKLAND LAUNDRY SUPPLIES, LLC
 ROCKWELL MEDICAL
 ROCKY MOUNTAIN REAGENTS
 ROHO GROUP THE
 ROHO GROUP THE
 ROSEDALE THERAPEUTICS, LLC
 ROSS LABORATORIES**NO CHARGE**
 ROYAL ARMS MEDICAL, INC.
 ROYAL SUPPLY COMPANY INC
 RUBBERMAID COMMERCIAL PRODUCTS
 RUBBERMAID HEALTH CARE PRODUCT
 RUBBERMAID SPECIALTY PRODUCTS
 RUHOF CORPORATION, THE
 RWR IMAGING
 RYAN PHARMACY
 RYCOR MEDICAL INC
 RYMED TECHNOLOGIES, INC.
 R3 CHICAGO
 R3 SAFETY
 S H S NORTH AMERICA
 S. JACKSON, INC.
 S.S. KEMP & COMPANY
 S.W. ANDERSON COMPANY
 S&L PRODUCTS AND SERVICES
 S&S WORLDWIDE
 So-Soft, Inc.
 SAALFELD REDISTRIBUTION
 SAFE N SIMPLE, LLC.
 SAFETEC OF AMERICA, INC.
 SAFETY 1ST MEDICAL
 SAGE PRODUCTS, INC.
 SAGE SERVICES GROUP
 SALES TAX
 SALLY BEAUTY SUPPLY
 SALTER LABORATORIES
 SAM MEDICAL PRODUCTS
 SAM'S CLUB
 SAMMONS PRESTON INC
 SANDBOX MEDICAL, LLC.
 SANDHILL SCIENTIFIC
 SANDOZ, INC.
 SANFACON INDUSTRIES, INC.
 SANITOR MANUFACTURING COMPANY
 SANOFI PASTEUR, INC.
 SAPPHIRE MULTINATIONAL GRP, INC
 SARANAC GLOVE
 SARSTEDT INC
 SASSY 14, LLC.
 SAUNDERS GROUP, THE, INC.

SAVAGE LABORATORIES
 SCA INCONTINENCE CARE
 SCANLAN INTERNATIONAL
 SCANLAN INTERNATIONAL OEM
 SCHAEFER MEDICAL USA, INC.
 SCHILLER AMERICA, INC.
 SCICAN INC
 SCIFIT CORPORATE HEADQUARTERS
 SCOPE TECHNOLOGIES
 SCOTT RICE OFFICE WORKS LLC
 SCOTT SPECIALTIES, INC.
 SCRIP HESSCO
 SDI DIAGNOSTICS
 SEACORD CORPORATION
 SEALED AIR/DIVERSEY HEALTHCARE
 SEAN JAMES ENTERPRISES, INC.
 SECA CORPORATION
 SEDATION RESOURCE INC
 SEE THE TRAINER
 SEILER INSTRUMENT & MFG CO.
 SEKISUI DIAGNOSTICS, LLC.
 SEMPERMED USA, INC.
 SENDER & ASSOCIATES, INC.
 SENECA MEDICAL RIPL. TRACEPACK
 SENECA MEDICAL TENN. TRACEPACK
 SENECA MEDICAL, INC.
 SENECA RE-AD INDUSTRIES
 SEPARATION TECHNOLOGY, INC.
 SERENTY HEALTH SHOP/NET, LLC.
 SERITEX, INC.
 SERVICE ENGINEERING COMPANY
 SEVEN HARVEST INTERNATIONAL
 SHAMROCK SCIENTIFIC SPECIALTY
 SHARN ANESTHESIA, INC.
 SHARPS COMPLIANCE, INC.
 SHARPS COMPLIANCE, INC.
 SHEATHING TECHNOLOGIES, INC.
 SHELBY DISTRIBUTIONS, INC.
 SHIELDS ELECTRONICS SUPPLY
 SHIPPERT MEDICAL TECHNOLOGS
 SHOCK DOCTOR, INC.
 SHOP ANATOMICAL INC
 SHORELINE SPORT MEDICAL
 SHUTTLE SYSTEMS
 SIEMENS HEALTHCARE DIAGNOS, INC
 SIGMA HEALTHCARE INC
 SIGMA-ALDRICH, INC.
 SIGVARIS, INC.
 SIMPLY THICK, LLC.
 SIOUX FALLS RUBBER STAMP
 SIZEWISE RENTALS, LLC.
 SKELTON'S, INC.
 SKIL-CARE CORPORATION
 SKLAR INSTRUMENTS
 SLEEP CARE TECHNOLOGIES, LLC.
 SLEEPNET CORPORATION
 SLOAN MEDICAL CORPORATION
 SMART CAREGIVER CORPORATION
 SMARTPRACTICE
 SMASHRAY INC
 SMI MEDICAL, INC.

SMITH & NEPHEW ADV WND MANAGNT
 SMITH & NEPHEW BIOTHERAPEUTICS
 SMITH & NEPHEW DYONIC
 SMITH & NEPHEW ENDOSCOPY
 SMITH & NEPHEW ORTHOPAEDIC
 SMITH & NEPHEW ROLYAN
 SMITHERS-OASIS BIOMEDICAL SYS.
 SMITHS MEDICAL ASD,DELTEC
 SMITHS MEDICAL ASD,INC.
 SMITHS MEDICAL ASD,MEDEX
 SMITHS MEDICAL ASD,SODASORB
 SMITHS MEDICAL PM INC
 SMITTYS SURGICAL SPECIALTIES
 SMT HEALTH SYSTEMS
 SNUGFIT EYE PATCH CO
 SOL-MILLENNIUM MEDICAL INC
 SOLON MANUFACTURING COMPANY
 SOLOS ENDOSCOPY,INC.
 SOLUBLE SYSTEMS,LLC.
 SOMA TECHNOLOGY INC
 SOMATICS LLC
 SONOCO THERMOSAFE
 SONOGAGE,INC.
 SONOMA PHARMACEUTICALS,INC.
 SOOTHING SCENTS,INC.
 SORIN GROUP USA,INC.
 SOULE MEDICAL,INC.
 SOURCE ONE MEDICAL,INC.
 SOURCEMARK,LLC.
 SOURCEONE HEALTHCARE TECH INC
 SOUTHEAST MEDICAL PRODUCTS,INC
 SOUTHMEDIC,INC.
 SOUTHWEST GEN PICK-N-PACK
 SOUTHWEST TECHNOLOGIES,INC.
 SOVEREIGN MEDICAL
 SPACELABS HEALTHCARE
 SPAN-AMERICA MED SYSTEMS,INC.
 SPECIAL MADE GOODS & SERV.,INC
 SPECIALTY COMMERCE CORPORATION
 SPECIALTY MEDICAL PRODUCTS,INC
 SPECLINC
 SPECTRA ELECTROTHERAPY
 SPECTRUM LABORATORIES INC
 SPECTRUM THERAPY PRODUCTS,INC.
 SPECTRUM/HYDRO-MED PROD INC.
 SPIROMETRICS MED. EQUIP.,CO.
 SPLASH SHIELD
 SPORTIME
 SPORTSMEDIC,INC.
 SPRINGFIELD CORPORATION
 SPRINT/ROTHHAMMER
 SPS MEDICAL
 SR INSTRUMENTS,INC.
 SR SCALES
 SRS MEDICAL CORPORATION
 SSC MEDICAL PRODUCTS
 SSI/SPECIALTY SURGICAL INSTRUM
 ST JOHN COMPANIES,INC.
 ST LOUIS HOME CARE DIST
 ST.JOHN COMPANIES,INC.,THE
 STACKS & STACKS

STANBIO LABORATORY INC
 STANDARD TEXTILE COMPANY,INC.
 STANDERS INC
 STANDRIS MEDICAL SUPPLY
 STANLEY HEALTHCARE SOLUTIONS
 STANLEY INNERSPACE CORPORATION
 STAPLES ADVANTAGE
 STAR CUSHION PRODUCTS
 STAR POLY BAG,INC.
 STAR RESTRAINTS/ORTHO
 STARPLEX SCIENTIFIC,INC.
 STAT MEDICAL DEVICES
 STATLAB MEDICAL PRODUCTS,INC.
 STEADMED MEDICAL,LLC
 STEELCRAFT,INC.
 STEREO OPTICAL COMANY,INC.
 STERI-SYSTEMS CORPORATION
 STERIDYNE CORPORATION
 STERIGEAR,LLC.
 STERILITE CORPORATION
 STERILMED,INC.
 STERIS CORPORATION
 STERISIL,INC.
 STERITEC PRODUCTS,INC.
 STERLING MEDICAL PROD
 STEVENSON INDUSTRIES,INC.
 STILES HA/ESTES,EB DIV STILES
 STIMSOURCE INC
 STORE SUPPLY WAREHOUSE
 STRADIS HEALTHCARE,LLC.
 STRAIGHT ARROW PRODUCTS
 STRECK
 STRETCHING INC.
 STRONGLITE, INC
 STRYKER CRANIOMAXILLOFACIAL
 STRYKER ENDOSCOPY
 STRYKER INSTRUMENTS
 STRYKER LEIBINGR DBA HOWMEDICA
 STRYKER MEDICAL
 STRYKER SUSTAINABILITY SOLUTNS
 STUBBS INC
 SUBURBAN ADULT SERVICE,INC.
 SUBURBAN SURGICAL CO INC
 SULLIVAN CARSON,INC.
 SULTAN HEALTHCARE,INC.
 SUMMIT APPLIANCE DIVISION
 SUMMIT DOPPLER,INC.
 SUMMIT INDUSTRIES,INC.
 SUMMIT INDUSTRIES,INC.
 SUMMIT MEDICAL,INC.
 SUN MED,INC.
 SUN MEDICAL,INC.
 SUNBEAM PRODUCTS
 SUNDANCE ENTERPRISES,INC.
 SUNDANCE ENTERPRISES,INC.
 SUNNEX,INC.
 SUNNYDALE INDUSTRIES,INC.
 SUNNYDALE/GOSS INC
 SUNRISE HOME HEALTHCARE GROUP
 SUNRISE INDUSTRIES,INC.
 SUNRISE MEDICAL,INC.

SUNSET HEALTHCARE SOLUTIONS
 SUNSHINE SCRUBS
 SUNTECH MEDICAL,INC.
 SUPERIOR PRODUCTS,INC.
 SUPERIOR UNIFORM GROUP,INC.
 SUPERTECH
 SUPPLY ONE/NATIONAL PAPER
 SUPRACOR
 SUREMARK COMPANY,THE
 SURG-O-FLEX OF AMERICA,INC.
 SURGICAL APPLIANCE INDUSTRIES
 SURGICAL APPLIANCE INDUSTRIES
 SURGICAL DESIGN,INC.
 SURGICAL EQUIPMENT INTL,INC.
 SURGICAL RESOURCES
 SURGICAL SPECIALTIES CORPORATN
 SURGICAL SPECIALTIES CORPORATN
 SURGICAL TOOLS,INC.
 SURGICALONE,INC.
 SURGIMARK,INC.
 SURGIMARK,INC.
 SWEDE-O,INC.
 SYMMETRY SURGICAL,INC.
 SYMPHONY MEDICAL,INC.
 SYNERGETICS,INC.
 SYRACUSE MEDICAL DEVICES,INC.
 SYSMEX AMERICA INC
 SYSTAGENIX WOUND MANAGEMENT
 SYSTEM ONE MEDICAL
 S2S GLOBAL
 T.H.E. MEDICAL
 T-DOC COMPANY LLC
 TACY MEDICAL,INC.
 TAGG IND
 TANITA CORPORATION OF AMERICA
 TAPE & LABEL GRAPHICS SYS,INC.
 TAPELESS MEDICAL,LLC.
 TARRY MANUFACTURING,INC.
 TATTOO ANNEX,LLC
 TAUT,INC.
 TCOAG US INC
 TE-NO COMPANY,THE
 TEAM TECHNOLOGIES,INC.
 TECH INSTRUMENTATION,INC.
 TECH-MEDICAL SERVICES,INC.
 TECHNUITY
 TEGRANT CORP
 TELEFLEX MEDICAL/RUSCH
 TELEFLEX MEDICAL,INC.
 TELEFLEX/ARROW INTERNATIONAL
 TEMP-TRONIX,INC.
 TEMPUR-PEDIC MEDICAL
 TENNESSEE MINUTEMAN
 TENSION ENVELOPE CORP
 TERUMO CARDIOVASCULAR GROUP
 TERUMO INTERVENTIONAL SYSTEMS
 TERUMO MEDICAL CORPORATION
 TETRA MEDICAL SUPPLY CORP.
 TG MEDICAL,INC.
 THAYER MEDICAL
 THE CLAY GROUP,LLC.

THERAFIRM,A KNIT RITE CO.	TWIN CITY MEDICAL	VERIDIEN HEALTHCARE,LLC.
THERAPAK CORPORATION	TWOTOMS,LLC.	VERMED,INC.
THERAPEUTIC DIMENSIONS,INC. db	TYLER MOUNTAIN WATER COMPANY	VESOCCLUDE MEDICAL,LLC.
THERAQUIP SOUTH	TYPENEX MEDICAL,LLC.	VETERAN MEDICAL PRODUCTS,INC.
THERMO FISHER HEALTHCARE/NERL	TYPENEX MEDICAL,LLC.	VETERANS HEALTHCARE SUPPLY SOL
THERMO FISHER HEALTHCARE/REMEL	TZ MEDICAL,INC.	VETERANS MEDICAL SUPPLY,INC.
THERMO FISHER SCIENTIFIC/ERIE	U.S. COTTON,LLC.	VI-JON COMPANY
THERMO SERV	U.S. NEUROLOGICALS,LLC.	VIA SEATING
THINGS REMEMBERED	U.S. ORTHOTICS,INC.	VIASYS HEALTHCARE/SENSOR MEDIC
THOMAS FETTERMAN INC	U.S. SHEEPSKIN	VICTOR TECHNOLOGIES INTERN'T'L
THOMAS G. GOLDKAMP,INC.	U.S. SURGICAL CORPORATION	VIDACARE CORPORATION
THOMAS MEDICAL,CRI.	U-LINE CORPORATION	VIDATAK
TIDI PRODUCTS,LLC.	UGS MEDICAL	VIDATAK,LLC.
TIM GOAR	ULINE	VISCOLAS/IMPACTO PROTECTIVE
TIME EMERGENCY EQUIPMENT	ULMER PHARMACAL	VISCOT MEDICAL,LLC.
TIMEMED LABELING SYSTEMS,INC.	ULTRAGARD/MEDLINE INDUSTRIES	VISION SYSTEMS,INC.
TIMM MEDICAL TECHNOLOGIES,INC.	UNICO	VISIONCORPS
TIMM MEDICAL TECHNOLOGIES,INC.	UNICOR	VISTALAB TECHNOLOGIES,INC.
TMED INC/PAM INC	UNIFLEX	VISTAPHARM INC
TOP BULB	UNIFORMS MANUFACTURING,INC.	VITACON US,LLC.
TOPSPINS,INC.	UNILIFE MEDICAL SOLUTIONS	VITAL CARE INDUSTRIES,INC.
TORBOT GROUP,INC.	UNIMED GOVERNMENT SERVICES,LLC	VITAL HOSPITAL SYSTEMS
TORY ROAD,LLC.	UNIMED LLC	VITAL SIGNS,INC.
TOSOH BIOSCIENCE,INC.	UNION SPRINGS PHARMACEUTICALS	VITALCARE PRODUCTS,INC.
TOSOH BIOSCIENCE,INC(WAUKESHA)	UNIQUE SURGICAL & LIGHTING,INC	VITALCOR,INC.
TOTAL PHARMACY SUPPLY	UNISAFE,INC.	VITALOGRAPH,INC.
TOTAL VEIN SYSTEMS	UNITED AD LABEL	VOLLRATH COMPANY,LLC.
TPC FOOD SERVICE	UNITED DRUG SUPPLY,INC.	VOLU-SOL - GOVT
TPC FOOD SERVICE/NOVATION	UNITED METAL FABRICATORS,INC.	VOLU-SOL INC
TRACE MEDICAL EQUIPMENT,INC.	UNITED ORTHO	VOMARIS WOUND CARE,INC.
TRADEMARK MEDICAL,LLC.	UNITED PRODUCTS & INSTRUMENTS	VUETEK SCIENTIFIC
TRADEX INTERNATIONAL,INC.	UNITED RECEPTACLE/RUBBERMAID	VULCON TECHNOLOGIES,INC.
TRAINERS ANGEL THE	UNITED SECURITY PRODUCTS	VWR INTERNATIONAL
TRANSFER MASTER PRODUCTS,INC.	UNITED SPORTS BRANDS	VGON CORPORATION
TRANSMACRO AMENITIES	UNIVERSAL DIAGNOSTIC SOLUTIONS	W.A. BAUM COMPANY,INC.
TRANSMOTION MEDICAL,INC.	UNIVERSAL FOOTCARE PROD,INC.	W.T. FARLEY,INC.
TRAVELJOHN PRODUCTS	UNIVERSAL HOME HEALTH	W.VA. ELECTRIC SUPPLY COMPANY
TRAVIS ASSOC FOR THE BLIND	UNIVERSAL MEDICAL,INC.	WAGNER MEDICAL
TRELLBORG	UNIVERSAL MEDICAL,INC.	WAL MART STORES
TRI-ANIM HEALTH SERVICES	UNOMEDICAL,INC.	WALCOTT RX PRODUCTS
TRI-ANIM HEALTH SERVICES,INC.	UPLIFT TECHNOLOGIES INC	WALDMANN LIGHTING COMPANY
TRI-COUNTY MEDICAL EQUIPMENT	URESIL,LLC.	WALLACH SURGICAL DEVICES,INC.
TRI-SERVICES,LLC.	URIDYNAMICS,INC.	WALMAN OPTICAL CO
TRIAD MEDICAL LLC	UROGYN MEDICAL,INC.	WARE MEDICS GLASSWORKS,INC.
TRIANGLE BIOMEDICAL SCNCES,INC	US CHEMICAL/BETA TECHNOLOGY	WARLICK FURNITURE & GLASS
TRICOL BIOMEDICAL,INC.	US ENDOSCOPY	WARNER TECH-CARE PRODUCTS,LLC.
TRIDIEN MEDICAL	US LABEL & RIBBON DBA US MATER	WARWICK ENTERPRISES
TRILLAMED LLC	US OPHTHALMIC	WASHINGTON-GREENE COUNTY BLIND
TRIMLINE MEDICAL PRODUCT	USE VENDOR #2146	WATERBURY COMPANIES,INC.
TRINITY MEDICAL DEVICES,INC.	US1 SUPPLY	WATERLOO HEALTHARE - VA
TRINITY STERILE,INC.	UTAH MEDICAL PRODUCTS,INC.	WATERLOO HEALTHCARE
TRIPP NT	VACUMETRICS,INC.	WATERSTONE MEDICAL
TRONEX INTERNATIONAL,INC.	VAL MED,INC.	WCM,INC.
TROY BIOLOGICALS,INC.	VALLEY DISTRIBUTING INC	WEAVER & COMPANY
TRU-CARE HEALTH SYSTEMS,INC.	VALU-MAX	WECK CLOSURE SYSTEMS/TELEFLEX
TRULIFE USA, BREASTCARE	VALUE PLASTICS,INC.	WECK---TELEFLEX MEDICAL
TRYCO INCORPORATED	VASAMED INC	WEIGHTED WEARABLES LLC
TUBULAR FABRICATORS INDUSTRIES	VENETEC INTERNATIONAL	WEIMAN PRODUCTS,LLC.
TUFFCARE	VENTLAB CORPORATION	WELCH ALLYN INC-NJ
TURNER MEDICAL COMPANY	VERATHON,INC.	WELCH ALLYN/SCALE-TRONIX,INC.
TUTTNAUER USA CO.,LTD.	VERDANTLY	WELCH ALLYN,INC.

WELLSPECT HEALTHCARE
 WELMED,INC.
 WESTERN ENTERPRISES
 WESTERN MEDICAL,LTD.
 WESTMED,INC.
 WEXFORD LABS,INC.
 WHEELCHAIRS OF KANSAS
 WHEELER & WHEELER,INC.
 WHIRLEY DRINK WORKS
 WHITE MOUNTAIN IMAGING
 WHITEHALL MANUFACTURING
 WHITTEMORE ENTERPRISES
 WHOLESAL OSTOMY SUPPLY
 WILBURN MEDICAL,USA
 WILLAMETTE INDUSTRIES,INC
 WILLIAM HARVEY MEDICAL
 WILSHIRE WORKS,INC.
 WILSON OPHTHALMIC CORPORATION
 WINCO,LLC.
 WINDSTONE MEDICAL PKG,INC.
 WISSTECH ENTERPRISES
 WOLF MEDICAL SUPPLY,INC.
 WOLF X-RAY CORPORATION
 WOLFE TORY MEDICAL,INC.
 WOLTERS KLUWER HEALTH
 WORK,INC.
 WORKSAFE PRODUCTS,INC.
 WR MEDICAL ELECTRONICS CO.
 WY'EAST MEDICAL CORPORATION
 WYETH LABORATORIES
 X-O CORPORATION
 XIC SERVICES LLC
 XODUS MEDICAL,INC.
 XPEDX/VERITIV COMPANY
 XPEDX/VERITIV COMPANY
 XPEDX/VERITIV COMPANY
 XPRESS SYSTEMS LLC
 XTTRIUM LABORATORIES,INC.
 YOUR WATER BIRTH
 Z&Z MEDICAL,INC.
 Z-MEDICA CORPORATION
 Zakeez,Inc.
 ZECRON TEXTILES,INC.
 ZEFON INTERNATIONAL
 ZEROWET,INC.
 ZEWA,INC.
 ZIMMER DENTAL
 ZIMMER US,INC.
 ZISTICS DISTRIBUTION,LLC.
 ZOLL MEDICAL CORPORATION
 ZONE MEDICAL
 1ST AMERICAN MEDICAL DISTRIBUT
 2-A-B MEDICAL,INC.
 2XL CORPORATION
 210 INNOVATIONS,LLC.
 213WIRELESS.COM
 3GEN,INC.
 3M CENTER/STATIC CONTROL STSTM
 3M COMPANY CONSUMER HEALTHCARE
 3M MEDICAL OEM PRODUCTS
 3M MEDICAL/SURGICAL/SKIN PRDTS

3R RESOURCES,INC.
 4MD MEDICAL SOLUTIONS,LLC

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
Southern Safety Sales, Inc. ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between Southern Safety Sales, Inc. having offices at 2601 McHale Court, Suite 155, Austin, TX 78758 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference
- 1.1.3 Southern Safety's Offer, dated May 2, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68

Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58

Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70

QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,

Boundtree – Items 3.17, 3.29, 3.31, 3.63, 3.72

Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.33, 3.47,

Southern Safety – Items 3.5, 3.33, 3.50, 3.57

Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

SOUTHERN SAFETY SALES, INC.

CITY OF AUSTIN

SCOTT GRAMBERT

Printed Name of Authorized Person

Erin D'Vincent

Printed Name of Authorized Person

Scott Grambert

Signature

eadu

Signature

Vice President

Title:

Procurement Supervisor

Title:

4-11-19

Date:

5.14.19

Date:

The undersigned, by his/her signature, represents that he/she is authorized to bind the respondent to fully comply with the solicitation. Respondent, by submitting and signing below, acknowledges that he has read and understands the terms and conditions of the solicitation document packet sections defined above including all documents included to be bound by the terms therein.

making a binding offer and is submitting a bid in accordance with the terms and conditions of the solicitation document contained herein. The undersigned has received and read the entire solicitation document packet sections defined above including all documents included by reference, and agrees to be bound by the terms therein.

Company Name: SOUTHERN SAFETY SERVICES, Inc.
Company Address: 2601 McHale Court, Suite 155
City, State, Zip: AUSTIN, TX 78758
Federal Tax ID No. _____
Printed Name of Officer or Authorized Representative: SCOTT GRAMBORT
Title: VICE PRESIDENT
Signature of Officer or Authorized Representative: Scott Grambort
Date: 5-2-2018
Email Address: sgrambort@aol.com
Phone Number: 512-478-2084

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**



**BID SHEET
CITY OF AUSTIN
EMS MEDICAL SUPPLIES**

SOLICITATION NO.: **IFB 9300 EAD0262**

BUYER: **Erin D'Vincent**

Special Instructions: Offerors must use this Bid Sheet to submit pricing. Be advised that altering the bid sheet or taking exceptions to any portion of the solicitation may jeopardize acceptance of your Offer.

The quantities noted below are annual estimates and not a guarantee of actual volume. The City does not guarantee the purchase of the quantities listed, actual purchases may be more or less. Quantities are provided as a guide based on historical or anticipated usage. Order quantities will be as-needed and specified by the City for each order.

A bid of "0" (zero) will be interpreted by the City as a no-charge (free) item and the City will not expect to pay for that item. A bid of "no bid" or no response (space left blank) will be interpreted by the City that the Offeror does not wish to bid on that item. Be advised, a "no bid" or no response may be considered as non-responsive and may result in disqualification of the bid.

Prices offered on the bid sheet shall be all inclusive of fees not expressly allowed in Section 0500. The Offeror shall not charge separately for administrative, overhead, per diem, and shipping or transportation costs (travel time, fuel surcharges, mileage, stop-fee, etc.) to deliver services or items to the Austin, Texas area. The Offeror shall provide all tools, labor, travel, and equipment necessary to perform the services required under this contract.

Items listed as branded shall be bid exactly as is. No equivalent products or substitutions will be accepted on items listed as branded. If bidding a substitute product, please indicate the proposed substitution in Column L.

The City intends to award multiple awards based on categories of specific line items, pricing, or any criteria or combination deemed most advantageous to the City. An Offeror shall bid on all sections of a category in order to be considered for award of that category.

CATEGORY 1 - CLASS II AND III PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate. Strength (0.05mg/mL)0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	NO BID	NO BID	Not Branded	WestWard OR EQUAL	NDC 641602725			
1.2	Midazolam (Versed) 5mg/ml. 1m SDV. Class III	EACH	6,000	NO BID	NO BID	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01			
1.3	Ketamine. 5-mL multi-dose vial 100 mg/mL. CLASS III	EACH	1,200	NO BID	NO BID	Not Branded	WestWard OR EQUAL	0143-9509-10			
SUBTOTAL FOR CATEGORY 1 =				\$0.00							

CATEGORY 2 - PHARMACEUTICALS

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104	NO BID	NO BID	Not Branded	ABBOTT LABS OR EQUAL	74-6637-34			
2.2	2% Lidocaine HCl Injection, USP 100mg/5ml, LifeShield, Luer lock adapter with 20g protected needle	EACH	996	NO BID	NO BID	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34			
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL Vial	EACH	1,500	NO BID	NO BID	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1469-5 or NDC 76329-3369-1			
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe. Luer lock.	EACH	450	NO BID	NO BID	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01			
2.5	Amiodarone Hydrochloride Injection 150mg/3ml (50mg/ mL) SDV	EACH	1,160	NO BID	NO BID	Not Branded	PHARMACEUTICAL OR EQUAL	63323-0616-03			
2.6	Adenosine 12mg/4ml SDV	EACH	1,176	NO BID	NO BID	Not Branded	PHARMACEUTICAL OR EQUAL	NDC 63323-651-04			
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.	EACH	300	NO BID	NO BID	Not Branded	AUROBINDO OR EQUAL	65862-390-10			
2.8	0.9% Sodium Chloride Injection USP. 1000ml. IV bag.	EACH	20,000	NO BID	NO BID	Not Branded	B.BRAUN OR EQUAL	L8000			
2.9	0.9% Sodium Chloride Injection, USP. 250ml I.V Bag	EACH	8,000	NO BID	NO BID	Not Branded	B.BRAUN OR EQUAL	L8002			
2.10	Sterile Water 500ml. Plastic Bottle Container	EACH	3,000	NO BID	NO BID	Not Branded	B.BRAUN OR EQUAL	R5001-01			
2.11	Dextrose 10% in sterile water USP 250ml. IV Bag	EACH	3,000	NO BID	NO BID	Not Branded	B.BRAUN OR EQUAL	(L5202) NDC 00264-7520-20			
2.12	Hurricane® Spray. 2oz	EACH	144	NO BID	NO BID	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02			
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300	NO BID	NO BID	Not Branded	PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30			
2.14	Haloperidol (HALDOL) 5mg / mL. 1mL Vial	EACH	696	NO BID	NO BID	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01			
2.15	Glucagon Kit: 1 vial containing 1 mg (1 unit) Glucagon (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700	NO BID	NO BID	Not Branded	FRESENIUS OR EQUAL	63323-0593-03			

2.16	Epinephrine Injection, USP. 1mg/10ml (0.1mg/ml) Volume: 10mL. Abboject* Prefilled Syringe	EACH	18000	NO BID	NO BID	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34			
2.17	0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000	\$0.58	\$29,000.00	Not Branded	KENDALL TYCOO HEALTHCARE OR EQUAL	8881570121	8881570121	8881570121	180/Case
2.18	NITROMIST Pumpspray	EACH	300	NO BID	NO BID	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08			
2.19	Glucose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000	NO BID	NO BID	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30			
2.20	Levophed. 1mg/ml. 4ml ampoule.	EACH	1,500	NO BID	NO BID	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25			
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200	NO BID	NO BID	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-6006-01			
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000	NO BID	NO BID	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05			
SUBTOTAL FOR CATEGORY 2 =				\$29,000.00							
CATEGORY 3 - MEDICAL DEVICES AND SUPPLIES											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	NO BID	NO BID	BRANDED	3M	2082			
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	NO BID	NO BID	BRANDED	3M	1870			
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	NO BID	NO BID	BRANDED	3M	1626			
3.4	Electrodes, Blue Sensor SP.	EACH	16,000	\$9.51	\$152,160.00	BRANDED	AMBU	SP-00-S/50	SP-00-S/50		50/Pkg
3.5	C-Collar. Adult	EACH	7,000	\$3.01	\$21,070.00	BRANDED	AMBU	281-000	281-000		30/Case
3.6	10 Drop Intervenus Set.	EACH	22,500	NO BID	NO BID	BRANDED	AMSINO	MRA10E-95			
3.7	60 Drop Intervenus Set. Custom	EACH	5,000	NO BID	NO BID	BRANDED	AMSINO	MRSA60E-88			
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000	NO BID	NO BID	BRANDED	B.BRAUN	480206			
3.9	Glucometer Check Strip	EACH	2,500	NO BID	NO BID	BRANDED	BAYER HEALTHCARE	7099C			
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	NO BID	NO BID	BRANDED	BECTON DICKINSON	303390			
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	NO BID	NO BID	BRANDED	BECTON DICKINSON	303346			
3.12	sharps container 3 gal	EACH	500	NO BID	NO BID	Not Branded	BECTON DICKINSON OR EQUAL	305436			
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720	\$3.18	\$2,289.60	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	484410	484410	48/Case
3.14	Disposable Pillow 15 ounce fill. 17 inches X 24 inches. White.	EACH	2,000	\$2.52	\$5,040.00	Not Branded	CARELINE OR EQUAL	089-0715	90-RFP1721	90-RFP1721	10/Case
3.15	Tourniquet® (C-A-T®)	EACH	500	NO BID	NO BID	BRANDED	COMPOSITE RESOURCE	30-0001			
3.16	Veni-Gard IV Dressing	EACH	33,300	NO BID	NO BID	BRANDED	CON-MED	705-4431			
3.17	Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000	NO BID	NO BID	BRANDED	COVIDIAN (ORIDION)	010209			
3.18	Sharps Dart, Sharps container with one time lockab le seal, 6.5 in 1½" diameter x 6½" Inside Length	EACH	15,000	\$1.60	\$24,000.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	4630	4630	24/Case
3.19	Tourniquet. 1 inch x 18 inch. Light Blue	EACH	36,000	NO BID	NO BID	Not Branded	DAWNMIST OR EQUAL	4371			
3.20	Limb Holder 2 each per PAIR	EACH	3,000	NO BID	NO BID	BRANDED	DEROYAL	M2052			
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7" Plastic, 2 Piece- Side Release Buckle, Impervious. with Loop-Loc™ ends.	EACH	5,000	NO BID	NO BID	BRANDED	DICK MEDICAL	37172 (OR)			
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500	\$0.72	\$3,960.00	Not Branded	DYNAREX OR EQUAL	3161	3161	3161	100/Case
3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000	\$0.42	\$4,200.00	Not Branded	DYNAREX OR EQUAL	4512	4512	4512	24/Case
3.24	O.T.D. (OPTIMUM TRACTION DEVICE). Orange	EACH	48	NO BID	NO BID	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR EQUAL	EP-800			
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	NO BID	NO BID	BRANDED	ENGEL	MD14F			
3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175	NO BID	NO BID	BRANDED	ETHOX INTERNATIONAL INC	4010			

3.27	Model 65 Scoop™ Stretcher	EACH	12	NO BID	NO BID	BRANDED	FERNO	PT6500			
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	NO BID	NO BID	BRANDED	GKR INDUSTRIES	7000 HP			
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$1.40	\$168,000.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	92-EFORCE	92-EFORCE	50/Case
3.30	MegaMover® 1500	EACH	5,000	\$15.26	\$76,300.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	43-TITANPC	43-TITANPC	10/Case
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000	\$0.31	\$13,020.00	BRANDED	HUDSON RCI	1103	1103		50/case
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$1.36	\$11,288.00	Not Branded	HUDSON RCI OR EQUAL	1060	1060	1060	50/Case
3.33	Micro Mist® Nebulizer	EACH	2,800	\$0.70	\$1,960.00	BRANDED	HUDSON RCI	1883	1883		50/Case
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.33	\$2,640.00	Not Branded	HUDSON RCI OR EQUAL	1115	1115	1115	50/Case
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$0.45	\$1,350.00	Not Branded	HUDSON RCI OR EQUAL	1083	1083	1083	50/Case
3.36	Nitrile Glove. X-Large	EACH	7,000	\$7.05	\$49,315.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4350	NEP4350	182350	100/Box
3.37	Nitrile Glove. Large	EACH	10,000	\$7.05	\$70,450.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4300	NEP4300	182300	100/Box
3.38	Nitrile Glove. Medium	EACH	6,000	\$7.05	\$42,270.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4200	NEP4200	182200	100/Box
3.39	Nitrile Glove. Small	EACH	3,000	\$7.05	\$21,135.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4100	NEP4100	182100	100/Box
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500	NO BID	NO BID	BRANDED	INTERSURGICAL INCORPORATED	8705000			
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500	NO BID	NO BID	BRANDED	INTERSURGICAL INCORPORATED	8704030			
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200	NO BID	NO BID	BRANDED	INTERSURGICAL INCORPORATED	8703030			
3.43	Backboard Lime Green	EACH	30	NO BID	NO BID	BRANDED	IRON DUCK	35900			
3.44	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.	EACH	236,000	\$0.03	\$7,268.80	Not Branded	KENDALL TFCO HEALTHCARE OR EQUAL	9024	9024	9024	2000/Case
3.45	Fluid Shield Procedure Mask	EACH	9,000	NO BID	NO BID	Not Branded	KIMBERLY CLARK OR EQUAL	47137			
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500	NO BID	NO BID	BRANDED	LAERDAL	700-00001			
3.47	Thomas Select Tube Holder, Adult	EACH	1,200	NO BID	NO BID	BRANDED	LAERDAL	600-42500			
3.48	Laerdal Suction Unit	EACH	100	NO BID	NO BID	BRANDED	LAERDAL	78002001			
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000	\$0.65	\$13,000.00	BRANDED	MEDLINE	NON 24335	NON24335		50/Case
3.50	VIONEX® Antiseptic Towelette.. Individually packaged	EACH	50,000	\$0.15	\$7,350.00	BRANDED	METREX	10-1510	10-1510		500/Case
3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	NO BID	NO BID	BRANDED	NORTH AMERICAN RESCUE	ZZ-0056			
3.52	Adlt/Ped filterline set (Airway Adapter Set)	EACH	2,500	NO BID	NO BID	BRANDED	ORIDION	XS04620			
3.53	Altas Cervical Collar. SIZE: Infant Short	EACH	500	NO BID	NO BID	BRANDED	OSISUK PHILADELPHIA ATLAS	PHP-A110			
3.54	SMART-BAG MO Size:Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	NO BID	NO BID	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs			
3.55	SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	NO BID	NO BID	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs			
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	NO BID	NO BID	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS			
3.57	Unistik® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.14	\$5,838.00	BRANDED	OWEN MUMFORD	AT 0712	AT 0712		100/Box
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	NO BID	NO BID	BRANDED	PDI	B10800			
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900	NO BID	NO BID	BRANDED	PDI	Q86984			
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4	NO BID	NO BID	BRANDED	QUANTUM EMS	Q-BABY/ADD			
3.61	Sam Splints™ Flatfold	EACH	1,400	NO BID	NO BID	BRANDED	SAM MEDICAL	SP1121F			
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	NO BID	NO BID	BRANDED	SAM MEDICAL	SL556652-LG			
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	NO BID	NO BID	BRANDED	SAM MEDICAL	SL556652-SM			
3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	NO BID	NO BID	BRANDED	SMITHS MEDICAL	3066			

3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000	NO BID	NO BID	BRANDED	SMITHS MEDICAL	3065			
3.66	I.V. Catheter Size: 16G x 1 1/4" Grey	EACH	2,200	NO BID	NO BID	BRANDED	SMITHS MEDICAL	3062			
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200	NO BID	NO BID	BRANDED	SMITHS MEDICAL	3060			
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000	NO BID	NO BID	BRANDED	SSCOR INC	44241			
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$10.32	\$82,560.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090	60NFB6090	60NFB6090	10/Case
3.70	Mucosal Atomization Device	EACH	3,000	\$15,990.00	\$5.33	BRANDED	TELEFEX MEDICAL	MAD300	MAD300		25/Case
3.71	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.	EACH	2,000	\$6.42	\$12,840.00	Not Branded	TIDI OR EQUAL	980043	980043	980043	18/Case
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$12.85	\$5,242.80	Not Branded	VERIDIAN OR EQUAL	02-1081	02-1081	02-1081	Each
SUBTOTAL FOR CATEGORY 3 =				\$804,552.53							
CATEGORY 4 - CONVENIENCE KITS											
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NON-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	NO BID	NO BID	Not Branded	Vendor Assembled	N/A			
SUBTOTAL FOR CATEGORY 4 =				\$0.00							
CATEGORY 5 - DISCOUNT OFF OR MARKUP TO MANUFACTURER PRICE LISTS FOR NON-SPECIFIED PRODUCTS (For Informational Purposes Only) The City may wish an Offeror provide additional products as they relate to this contract. In order to be paid for those additional products, provide manufacturers name and catalog numbers for the additional products you can provide the City. Indicate the minimum percentage discount you can provide the City for these products. The percentage discount(s) listed shall be fixed throughout the term of the Contract including any subsequent extension periods. This information will not be used in the evaluation of the bid but is for informational purposes only and there is no guarantee of purchase. Information should be included on Attachment A.											
CATEGORY 6 - RESTOCKING FEES (For Informational Purposes Only) See Section 0400 Supplemental Purchasing Provisions Item 8 for additional information											
DESCRIPTION		MAXIMUM RESTOCKING FEE PERCENTAGE									
Restocking Fees		25 PERCENT									
DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED											
DELIVERY METHOD: <input checked="" type="checkbox"/> COMMON CARRIER (FedEx,UPS) <input type="checkbox"/> VENDOR DELIVERY											
COMPANY NAME:		Southern Safety Sales, Inc.									
EMAIL ADDRESS:		sgramborti@aol.com									

**MEDICAL SUPPLIES
IFB 9300 EAD0262
ATTACHMENT A**

VENDOR SHALL LIST THE PERCENT DISCOUNT FROM CATALOG LIST PRICE THAT WILL BE OFFERED TO THE CITY FOR EACH APPLICABLE MANUFACTURER. IF VENDOR IS NOT ABLE TO PROVIDE A PARTICULAR MANUFACTURER, THE PERCENT DISCOUNT BOX SHALL BE LEFT BLANK.

LINE #	OTHER MANUFACTURERS	Discount from Manufacturer's Catalog List Price
1	ABBOTT LABS:	%
2	ADENNA	25 %
3	ADI MEDICAL	%
4	ADVANCED CIRCULATORY SYSTEM	%
5	AES INC	%
6	ALPHA PROTECH	%
7	AKORN:	%
8	AKRIMAX PHARMACEUTICALS:	%
9	AMERICAN DIAGNOSTICS CORPORATION:	%
10	AMPHASTAR-IMS:	%
11	AMSINO	%
12	AMVEX	%
13	APP PHARMACEUTICALS	%
14	ARMSTRONG MEDICAL:	%
15	BAYER HEALTHCARE:	%
16	BAUSCH AND LOMB	%
17	BEDFORD LABORATORIES:	%
18	BEMIS HEALTHCARE:	%
19	BPI LABS	%
20	CARELINE	%
21	COMPOSITE RESOURCE:	%
22	CON-MED:	%
23	COVIDIEN	%
24	CURAPLEX	%

25	DAWNMIST:	%
26	DEROYAL	%
27	DEY LABORATORIES:	%
28	DICK MEDICAL	%
29	DUKAL	%
30	DUPONT	%
31	DURAPORE	%
32	ELITE CREATORS	%
33	EMERGENCY PRODUCTS AND RESEARCH:	%
34	ENGEL USA	%
35	ESTILL MEDICAL	%
36	ETHOX INTERNATIONAL INC:	%
37	FRESENIUS	%
38	FOUGERA PHARMACEUTICALS:	%
39	FUTURA	%
40	GKR INDUSTRIES:	%
41	GLENMARK	%
42	GRAHAM MEDICAL:	%
43	GREENFIELD MEDICAL:	%
44	HARTMANN:	%
45	HONEYWELL	%
46	ICE KOLD:	%
47	INNOVATIVE HEALTHCARE MEDICAL	%
48	ICU MEDICAL	%
49	INNOVATIVE HEALTHCARE	20 %
50	INTERSURGICAL INCORPORATED	%
51	IRON DUCK:	%
52	KENTRON HEALTHCARE	%
53	KINGFISHER MEDICAL	%

54	KINGFISHER MEDICAL	%
55	MASIMO:	%
56	MERIDIAN MEDICAL TECHNOLOGIES:	%
57	MEDPRIDE	%
58	MEDSOURCE	%
59	MCNEIL CONSUMER HEALTHCARE	%
60	MICROBVM	%
61	MIRION TECHNOLOGIES:	%
62	METREX :	15 %
63	MOCKMEDS	%
64	MOORE MEDICAL:	%
65	MORTAN	%
66	MYDENT INTERNATIONAL	%
67	NATUS (NICOLET)	27 %
68	NORTH AMERICAN RESCUE:	%
69	NUTRAMAX:	%
70	NOVAMED USA	%
71	O-Two Medical	%
72	ORIDIAN:	%
73	OSSUR PHILADELPHIA ATLAS:	%
74	OWEN MUMFORD:	20 %
75	PADDACK LABS:	%
76	PAR STERILE PRODUCTS LLC	%
77	PEDIA	%
78	PHARMACEUTICAL ASSOCIATES	%
79	PHILIPS ELECTRONICS NORTH AMERICAN	%
80	POSEY:	%
81	PULMODYNE:	%
82	PURRELL	%

83	ROUSE PHARMACEUTICALS	%
84	RUGBY LABORATORIES:	%
85	QUANTUM EMS	%
86	SAFETEC OF AMERICA	%
87	SAFETY INTERNATIONAL	%
88	SAGENT PHARMACEUTICALS:	%
89	SAM MEDICAL:	%
90	SEIKO	%
91	SPERIAN	%
92	SSCOR INC:	%
93	STRYKER MEDICAL	%
94	TAYLOR HEALTHCARE	15 %
95	THOMAS EMS	%
96	TIDI:	%
97	VIASYS HEALTHCARE	%
98	VERIDIAN	%
99	WELCH ALLYN	%
100	WEST-WARD PHARMACEUTICALS:	%
101	WOLFE TORY MEDICAL:	%
102	UCAPIT	%
103	Z-MEDICA	%
104	ZOLL MEDICAL	%
105	FOR ALL OTHER MANUFACTURERS NOT SPECIFIED	%

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm	SOUTHERN SAFETY SALES, INC.	
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	<input type="radio"/> Yes	<input checked="" type="radio"/> No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	<input type="radio"/> Yes	<input type="radio"/> No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	<input type="radio"/> Yes	<input type="radio"/> No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference SheetResponding Company Name SOUTHERN SAFETY SALES, INC.

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name CITY OF AUSTIN EMS
Name and Title of Contact WILLIAM ALDERETE / MANAGER II, INVENTORY CONTROL
Project Name _____
Present Address 4201 ED BLUESTEIN
City, State, Zip Code AUSTIN TX 78721
Telephone Number (512) 978-0480 Fax Number (512) 482-9407
Email Address william.alderete@austintexas.gov
2. Company's Name WILLIAMSON COUNTY EMS
Name and Title of Contact KURT BECKER / CAPTAIN SUPPLY SERVICES
Project Name 508 HOLLY STREET
Present Address 508 HOLLY STREET
City, State, Zip Code GEORGETOWN TX 78626
Telephone Number (512) 563-0812 Fax Number (512) 943-1269
Email Address kbecker@wilco.org
3. Company's Name HILL COUNTRY MEMORIAL HOSP
Name and Title of Contact KARLA LAWRENCE
Project Name _____
Present Address 1020 SOUTH STATE HWY 16
City, State, Zip Code FREDERICKSBURG TX 78624
Telephone Number (830) 997-1274 Fax Number (830) 997-5611
Email Address klawrence@hcmhs.org

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, OR THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this 2nd day of MAY, 2018

CONTRACTOR

Authorized Signature

Title

SOUTHERN SAFETY SALES, INC
Scott Grambert
Vice President

Section 0835: Non-Resident Bidder Provisions

Company Name SOUTHERN SAFETY SALES, INC

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: RESIDENT BIDDER

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.
- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: _____ Which State: _____

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: _____

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	Southern Safety Sales, Inc.		
City Vendor ID Code	SOU4319250		
Physical Address	2601 McHale Court Ste 155		
City, State Zip	Austin TX 78758		
Phone Number	512-478-2084	Email Address	sgrambort@aol.com
Is the Offeror City of Austin M/WBE certified?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture		
<p>Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed Subcontracting/Sub-Consulting Utilization Form, and if applicable my completed Subcontracting/Sub-Consulting Utilization Plan, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the Request For Change form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form. I understand that, if a Subcontractor is not listed in my Subcontracting/Sub-Consulting Utilization Plan, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my Request for Change form.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p style="font-size: 1.2em; margin: 0;">Scott Grambort Vice President</p> </div> <div style="width: 45%; text-align: center;"> <p style="font-size: 1.2em; margin: 0;">Scott Grambort</p> </div> </div>			
Name and Title of Authorized Representative (Print or Type)		Signature/Date	

Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

- ☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

- ☐ I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;

STEP TWO: Perform Good Faith Efforts (Check List provided below);

STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL** of the following CHECK BOXES **MUST** be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.

- ☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.
- ☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the Austin Metropolitan Statistical Area, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

- ☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

- ☐ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

- ☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact
		<input type="checkbox"/> Phone OR <input type="checkbox"/> Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

Reviewing Counselor

Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

Director/Assistant Director or Designee

Date

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")
AND
Derrah Morrison Enterprises, LLC, dba DME LLC ("Contractor")
for
EMS Medical Supplies
MA 9300 GA180000075**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between Derrah Morrison Enterprises, LLC, dba DME LLC having offices at 1120 Toro Grande Blvd, Bldg 2, Ste 208, Cedar Park, TX 78613 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number IFB 9300 EAD0262.

1.1 This Contract is composed of the following documents:

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), EAD0262 including all documents incorporated by reference
- 1.1.3 DME LLC's Offer, dated May 8, 2018, including subsequent clarifications

1.2 Order of Precedence. Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

1.3 Term of Contract.

1.3.1 **Term of Contract.** The Contract shall commence upon execution, unless otherwise specified, and shall remain in effect for an initial term of thirty-six (36) months. The Contract may be extended beyond the initial term for up to two (2) additional twelve (12) month periods at the City's sole option.

1.3.1.1 If the City exercises any extension option, all terms, conditions, and provisions of the Contract shall remain in effect for that extension period, subject only to any economic price adjustment otherwise allowed under the Contract.

1.3.1.2 Upon expiration of the initial term or any period of extension, the Contractor agrees to hold over under the terms and conditions of this Contract for such a period of time as is reasonably necessary for the City to re-solicit and/or complete the deliverables due under the Contract (not to exceed 120 calendar days unless mutually agreed to in writing).

1.3.1.3 Prices are firm for the first twelve (12) months.

1.4 Compensation. The Contractor's shall be paid a total Not-to-Exceed amount of \$9,930,000 for the initial Contract term, \$3,993,000 for the first extension option, and \$4,392,300 for the second extension option, for a total contract amount Not-to-Exceed \$18,315,300, divided among the Contractors. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Quantities will be on an as needed basis as specified by the City for each Delivery Order.

1.6 **Clarifications.**

1.6.1 This contract is being awarded to the companies listed below. The contract compensation shall be divided among the Contractors.

Henry Schein – Items 1.1, 1.2, 1.3, 2.2, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14, 2.20, 2.22, 3.2, 3.9, 3.10, 3.11, 3.13, 3.15, 3.20, 3.27, 3.36, 3.37, 3.38, 3.39, 3.46, 3.49, 3.51, 3.52, 3.54, 3.55, 3.56, 3.59, 3.61, 3.62, 3.68

Life-Assist – Items 2.1, 2.4, 2.15, 2.16, 2.18, 2.21, 3.4, 3.6, 3.7, 3.24, 3.25, 3.35, 3.40, 3.41, 3.42, 3.43, 3.48, 3.53, 3.58

Nashville – Items 3.14, 3.18, 3.19, 3.32, 3.34, 3.69, 3.70

QuadMed – Items 3.3, 3.16, 3.21, 3.28, 3.60, 3.64, 3.65, 3.66, 3.67,

Boundtree – Items 3.17, 3.29, 3.31, 3.63, 3.72

Concordance – Items 2.17, 3.1, 3.8, 3.9, 3.22, 3.30, 3.47,

Southern Safety – Items 3.5, 3.33, 3.50, 3.57

Derrah Morrison – Items 3.26, 3.45

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the parties have caused a duly authorized representative to execute this Contract on the date set forth below.

DERRAH MORRISON ENTERPRISES, LLC

CITY OF AUSTIN

Chelsea M. Derrah
Printed Name of Authorized Person

Erin D'Vincent
Printed Name of Authorized Person

Chelsea M. Derrah
Signature

[Signature]
Signature

CEO
Title:

Procurement Supervisor
Title:

4/11/2019
Date:

4-12-19
Date:

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: *Derrah Morrison Enterprises, LLC (DME)*

Company Address: ***1120 Toro Grande Blvd Bldg 2 Ste 208***

City, State, Zip: *Cedar Park, TX 78613*

Federal Tax

Printed Name representative: *Chelsea M. Derrah*

Title: *CEO* 1 1 1 2

Signature of Officer or Authorized Representative: Michael Debrah

Date: 5/8/2018

Email Address: *cderrah@dme-vet.com*

Phone Number: (512) 879-3088

*** Completed Bid Sheet, section 0600 must be submitted with this signed Offer Sheet to be considered for award**

ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NO N-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
EXAMPLE	EXAMPLE ONLY: Fentanyl Citrate Strength (0.05mg/mL) 0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$14.00	\$168,000.00	Not Branded	WestWard OR EQUAL	NDC 641602725	A107	Bidding WestWard	1,000/case
1.1	Fentanyl Citrate Strength (0.05mg/mL) 0.1mg/2mL Packaging: 2 mL VIAL Class II	EACH	12,000	\$2.09	\$25,080.00	Not Branded	WestWard OR EQUAL	NDC 641602725	641602725		25EA/CT
1.2	Midazolam (Versed) 5mg/mL 1mL SDV Class III	EACH	6,000	\$1.37	\$8,220.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-2308-01	409230801		10EA/BX
1.3	Ketamine 5-mL multi-dose vial 100 mg/mL CLASS III	EACH	1,200	\$10.48	\$12,576.00	Not Branded	WestWard OR EQUAL	0143-9509-10	143950910		10EA/CT
SUBTOTAL FOR CATEGORY 1 =				\$45,876.00							
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NO N-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
2.1	8.4% Sodium Bicarbonate 50mEq syringe, Luer lock with adapter and 18g protected needle	EACH	1,104	\$10.88	\$12,011.52	Not Branded	ABBOTT LABS OR EQUAL	74-6637-34	409663734		EACH
2.2	2% Lidocaine HCl Injection, USP 100mg/5mL, LifeShield, Luer lock adapter with 20g protected needle	EACH	996	\$3.18	\$3,167.28	Not Branded	ABBOTT LABS OR EQUAL	74-4903-34	409490334		EACH
2.3	(Narcan) Naloxone HCL INJ USP 0.4mg/mL 10mL Vial	EACH	1,500	\$42.41	\$63,615.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 76329-1469-5 or NDC 76329-3369-1	76329336901		10EA/CT
2.4	Calcium Chloride 10% (1 gr/10mL prefilled syringe, Luer lock.	EACH	450	\$11.80	\$5,310.00	Not Branded	AMPHASTAR-IMS OR EQUAL	NDC 0548-3304-01	76329330401		EACH
2.5	Amiodarone Hydrochloride Injection 150mg/3mL (50mg/ mL) SDV	EACH	1,160	\$1.85	\$2,146.00	Not Branded	APP PHARMACEUTICAL OR EQUAL	63323-0616-03	63323061603		25EA/CT
2.6	Adenosine 12mg/4mL SDV	EACH	1,176	\$28.72	\$33,774.72	Not Branded	APP PHARMACEUTICAL OR EQUAL	NDC 63323-651-04	63323065104		10EA/CT
2.7	Ondansetron 4mg (Zofran) ODT (Orally Disintegrating tablets). 30 tablets per box.	EACH	300	\$0.34	\$102.00	Not Branded	AUROBINDO OR EQUAL	65862-390-10	65862039010		30EA/BX
2.8	0.9% Sodium Chloride Injection USP. 1000mL IV bag.	EACH	20,000	\$3.43	\$68,600.00	Not Branded	B BRAUN OR EQUAL	L8000	E8000	B BRAUN	EACH
2.9	0.9% Sodium Chloride Injection, USP. 250mL I.V Bag	EACH	8,000	\$2.56	\$20,480.00	Not Branded	B.BRAUN OR EQUAL	L8002	L8002		EACH
2.10	Sterile Water 500mL Plastic Bottle Container	EACH	3,000	\$1.83	\$5,490.00	Not Branded	B BRAUN OR EQUAL	R5001-01	R5001-01		EACH
2.11	Dextrose 10% in sterile water USP 250mL IV Bag	EACH	3,000	\$2.56	\$7,680.00	Not Branded	B.BRAUN OR EQUAL	(L5202) NDC 00264-7520-20	L5202		EACH
2.12	Hurricane® Spray, 2oz	EACH	144	\$37.35	\$5,378.40	Not Branded	BEUTLICH PHARMACEUTICALS OR EQUAL	283-0679-02	283067902		EACH
2.13	Nitroglycerin Ointment USP, 2% 30 gram tube	EACH	300	\$40.64	\$12,192.00	Not Branded	FOUGERA PHARMACEUTICALS OR EQUAL	NDC 0168-0326-30	281032630		EACH
2.14	Haloperidol (HALDOL) 5mg / mL 1mL Vial	EACH	696	\$7.85	\$5,463.60	Not Branded	FRESENIUS OR EQUAL	NDC 63323-474-01	63323047401		25EA/CT
2.15	Glucagon Kit: 1 vial containing 1 mg (1 unit) Glucagon (glucagon [rDNA origin] for injection) NDC 0597-0053-01 and 1 vial containing 1 mL Sterile Water NDC 0597-0265-94	EACH	700	\$223.52	\$156,464.00	Not Branded	FRESENIUS OR EQUAL	63323-0593-03	63323059303		EACH
2.16	Epinephrine Injection, USP. 1mg/10mL (0.1mg/mL) Volume: 10mL Abboject® Prefilled Syringe	EACH	18000	\$5.68	\$102,240.00	Not Branded	HOSPIRA OR EQUAL	NDC 0409-4921-34	409492134		10EA/PK
2.17	0.9% Sodium Chloride. 12mL Syringe, Filled/ 10mL Luer Lock.	EACH	50,000	\$0.67	\$33,500.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	8881570121	8881570121		EACH
2.18	NITROMIST Pumpspray	EACH	300	\$220.64	\$66,192.00	Not Branded	PHARMACEUTICALS OR EQUAL	76299-430-08	43478041003	Rouses Point	EACH
2.19	Glutose 15™ Oral Glucose Gel One Unit Dose 15 grams. Lemon Flavor	EACH	2,000	\$4.13	\$8,260.00	Not Branded	PADDACK LABS OR EQUAL	0574-0069-30	574006930		3EA/PK

2.20	Levophed. 1mg/ml. 4ml ampoule.	EACH	1,500	\$10.48	\$15,720.00	Not Branded	PFIZER OR EQUAL	NDC 0409-1443-25	36000018210	Claris	EACH
2.21	Atropine Sulfate Injection, USP. 20ml MDV	EACH	1,200	\$45.98	\$55,176.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	0641-8006-01	641600610		EACH
2.22	Ondansetron Injection USP 4mg/2mL 2mL Single Dose Vial	EACH	10,000	\$0.54	\$5,400.00	Not Branded	WEST-WARD PHARMACEUTICALS OR EQUAL	NDC 0143-9891-05	409475503	Hospira	25EA/BX
SUBTOTAL FOR CATEGORY 2 =			\$688,362.52								
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NO N-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
3.1	Coban™ Self-Adherent Wrap. 2 inch x 5 yard	EACH	10,000	\$1.48	\$14,800.00	BRANDED	3M	2082	2082		EACH
3.2	Health Care Particulate Respirator and Surgical Mask	EACH	40,000	\$0.80	\$32,000.00	BRANDED	3M	1870	1870		EACH
3.3	Tegaderm™ Transparent Film Dressing - 4 inch x 4-3/4 inch	EACH	2,500	\$0.76	\$1,900.00	BRANDED	3M	1626	1626		EACH
3.4	Electrodes, Blue Sensor SP.	EACH	16,000	\$0.25	\$4,000.00	BRANDED	AMBU	SP-00-S/50	SP-00-S/50		50EA/PK
3.5	C-Collar, Adult	EACH	7,000	\$5.85	\$40,950.00	BRANDED	AMBU	281-000	281000		EACH
3.6	10 Drop Intravenous Set.	EACH	22,500	\$3.44	\$77,400.00	BRANDED	AMSINO	MRA10E-95	MRA10E-95		50EA/CS
3.7	60 Drop Intravenous Set, Custom	EACH	5,000	\$6.25	\$31,250.00	BRANDED	AMSINO	MRSA60E-88	MRSA60E-88		50EA/CS
3.8	Extension set, SAFEDAY, 9 inch	EACH	25,000	\$1.82	\$45,500.00	BRANDED	B BRAUN	480206	480206		50EA/CS
3.9	Glucometer Check Strip	EACH	2,500	\$17.20	\$43,000.00	BRANDED	BAYER HEALTHCARE	7099C	7099C		50CT/BX
3.10	BD® Twin Pack™ BD® Interlink® System	EACH	7,000	\$0.47	\$3,290.00	BRANDED	BECTON DICKINSON	303390	303390		100EA/BX
3.11	17g x 3 mL Syringe BD Blunt Plastic Cannula	EACH	14,000	\$0.35	\$4,900.00	BRANDED	BECTON DICKINSON	303346	303346		100EA/BX
3.12	sharps container 3 gal	EACH	500	\$10.32	\$5,160.00	Not Branded	BECTON DICKINSON OR EQUAL	305436	305436		EACH
3.13	1200cc Hi-Flow Canister with Aerostat filter, float valve shutoff.	EACH	720	\$3.49	\$2,512.80	Not Branded	BEMIS HEALTHCARE OR EQUAL	484410	484410		EACH
3.14	Disposable Pillow 15 ounce fill. 17 inches X 24 inches. White.	EACH	2,000	\$1.96	\$3,920.00	Not Branded	CARELINE OR EQUAL	089-0715	41-1724-S	McKesson	12/CS
3.15	Tourniquet® (C-A-T®)	EACH	500	\$25.93	\$12,965.00	BRANDED	COMPOSITE RESOURCE	30-0001	30-0001		EACH
3.16	Veni-Gard IV Dressing	EACH	33,300	\$0.54	\$17,982.00	BRANDED	CON-MED	705-4431	705-4431		100EA/BX
3.17	Oral nasal Cannula Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	EACH	45,000	\$20.32	\$914,400.00	BRANDED	COVIDIAN (ORIDION)	010209	010209		EACH
3.18	Sharps Dart, Sharps container with one time lockable seal, 6.5 in 1 1/2" diameter x 6 1/2" Inside Length	EACH	15,000	\$1.91	\$28,650.00	Not Branded	CURAPLEX/ MEDLINE OR EQUAL	MS-64250	MS-64250		EACH
3.19	Tourniquet. 1 inch x 18 inch. Light Blue	EACH	36,000	\$0.08	\$2,880.00	Not Branded	DAWNMIST OR EQUAL	4371	16-6334	McKesson	EACH
3.20	Limb Holder 2 each per PAIR	EACH	3,000	\$9.12	\$27,360.00	BRANDED	DEROYAL	M2052	M2052		50PR/CS
3.21	Straps, Patient/Backboard. Color: ORANGE Length: 7" Plastic, 2 Piece-Side Release Buckle, Impervious. with Loop-Loc™ ends.	EACH	5,000	\$6.40	\$32,000.00	BRANDED	DICK MEDICAL	37172 (OR)	37172OR		EACH
3.22	Krinkle Gauze Roll 4.5in x 4.1yds	EACH	5,500	\$1.21	\$6,655.00	Not Branded	DYNAREX OR EQUAL	3181	16-4264	McKesson	EACH

3.23	Cold Compress, Instant. 5 Inch X 9 Inch	EACH	10,000	\$0.52	\$5,200.00	Not Branded	DYNAREX OR EQUAL	4512	16-9703	McKesson	EACH
3.24	O.T.D. (OPTIMUM TRACTION DEVICE). Orange	EACH	48	\$84.48	\$4,055.04	Not Branded	EMERGENCY PRODUCTS AND RESEARCH OR	EP-800	EP-800		EACH
3.25	Cooler, Fridge/ Freezer. 12V. Hypothermia Management	EACH	40	\$1,526.35	\$61,054.00	BRANDED	ENGEL	MD14F	31009		EACH
3.26	IV Infuser. Ethox® Infu-surge® 1000cc Model.	EACH	175	\$10.69	\$1,870.75	BRANDED	ETHOX INTERNATIONAL INC	4010	4010H		EACH
3.27	Model 65 Scoop™ Stretcher	EACH	12	754.77	\$9,057.24	BRANDED	FERNO	PT6500	PT6500		EACH
3.28	Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	EACH	40,000	\$1.56	\$62,400.00	BRANDED	GKR INDUSTRIES	7000 HP	7000HP		240EA/CS
3.29	Fitted Stretcher Sheet. Color: Blue. XPS cot size. Tensile Strength: 300 lbs min	EACH	120,000	\$2.15	\$258,000.00	Not Branded	GRAHAM MEDICAL OR EQUAL	72930	72930		30EA/CS
3.30	MegaMover® 1500	EACH	5,000	\$19.99	\$99,950.00	Not Branded	GRAHAM MEDICAL OR EQUAL	51926	51926		10EA/CS
3.31	Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	EACH	42,000	\$0.44	\$18,480.00	BRANDED	HUDSON RCI	1103	1103		EACH
3.32	Adult Non Rebreathing Oxygen Mask	EACH	8,300	\$1.77	\$14,691.00	Not Branded	HUDSON RCI OR EQUAL	1060	1060		EACH
3.33	Micro Mist® Nebulizer	EACH	2,800	\$1.60	\$4,480.00	BRANDED	HUDSON RCI	1883	1883		EACH
3.34	Tubing. Oxygen supply. Standard. 210 mm (7 ft) in length. Latex Free.	EACH	8,000	\$0.35	\$2,800.00	Not Branded	HUDSON RCI OR EQUAL	1115	32647	McKesson	EACH
3.35	Adult Elongated Aerosol Mask	EACH	3,000	\$0.79	\$2,370.00	Not Branded	HUDSON RCI OR EQUAL	1083	32635	McKesson	EACH
3.36	Nitrile Glove. X-Large	EACH	7,000	\$0.31	\$2,170.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4350	14-6NSTR8	McKesson	50PR/BX
3.37	Nitrile Glove. Large	EACH	10,000	\$0.31	\$3,100.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4300	14-6NSTR6	McKesson	50PR/BX
3.38	Nitrile Glove. Medium	EACH	8,000	\$0.31	\$1,860.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4200	14-6NSTR4	McKesson	50PR/BX
3.39	Nitrile Glove. Small	EACH	3,000	\$0.31	\$930.00	Not Branded	INNOVATIVE HEALTHCARE OR EQUAL	NEP4100	14-6NSTR2	McKesson	50PR/BX
3.40	i-gel O2 Resus Pack. Large adult.	EACH	1,500	\$28.04	\$42,060.00	BRANDED	INTERSURGICAL INCORPORATED	8705000	8705030		6EA/CS
3.41	i-gel O2 Resus Pack. Medium adult.	EACH	2,500	\$28.04	\$70,100.00	BRANDED	INTERSURGICAL INCORPORATED	8704030	8704030		6EA/CS
3.42	i-gel O2 Resus Pack. Small adult.	EACH	1,200	\$28.04	\$33,648.00	BRANDED	INTERSURGICAL INCORPORATED	8703030	8703030		6EA/CS
3.43	Backboard Lime Green	EACH	30	\$142.48	\$4,274.40	BRANDED	IRON DUCK	35900	35900-LG		EACH
3.44	All-Purpose Sponges. 4" X 4", 12 Ply, Nonsterile.	EACH	236,000	\$0.02	\$4,720.00	Not Branded	KENDALL TYCO HEALTHCARE OR EQUAL	9024	94442000	McKesson	200EA/PK
3.45	Fluid Shield Procedure Mask	EACH	9,000	\$0.68	\$6,120.00	Not Branded	KIMBERLY CLARK OR EQUAL	47137	91-2600	McKesson	EACH
3.46	Sta-Blok™ Head Immobilizer	EACH	7,500	\$4.66	\$34,950.00	BRANDED	LAERDAL	700-00001	700-00001		EACH
3.47	Thomas Select Tube Holder, Adult	EACH	1,200	\$4.12	\$4,944.00	BRANDED	LAERDAL	600-42500	600-42500		25EA/PK
3.48	Laerdal Suction Unit	EACH	100	\$899.32	\$89,932.00	BRANDED	LAERDAL	78002001	78002001		EACH
3.49	Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	EACH	20,000	\$0.85	\$17,000.00	BRANDED	MEDLINE	NON 24335	NON24335		50EA/CS
3.50	VIONEX® Antiseptic Towelette. Individually packaged	EACH	50,000	\$0.16	\$8,000.00	BRANDED	METREX	10-1510	10-1510		50EA/BX

3.51	ARS Needle Decompression Needle 14GA x 3 1/4"	EACH	1,200	\$10.24	\$12,288.00	BRANDED	NORTH AMERICAN RESCUE	ZZ-0058	ZZ-0056		EACH
3.52	Adit/Ped filterline set (Airway Adapter Set)	EACH	2,500	\$15.13	\$37,825.00	BRANDED	ORIDION	XS04620	XS04620		EACH
3.53	Atlas Cervical Collar. SIZE: Infant Short	EACH	500	\$40.35	\$20,175.00	BRANDED	OSSUR PHILADELPHIA ATLAS	PHP-A110	ORT12900IS		EACH
3.54	SMART-BAG MO Size:Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	EACH	2,000	\$17.28	\$34,560.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO-Cs	01BM3201-MO-CS		12EA/CS
3.55	SMART-BAG MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	EACH	1,500	\$18.33	\$27,495.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO-Cs	01BM3211-MO-CS		EACH
3.56	CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge	EACH	9,000	\$39.25	\$353,250.00	BRANDED	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS	01CV0218-CS		EACH
3.57	Unistik® 2 Extra (21G) Safety Lancet	EACH	42,000	\$0.20	\$8,400.00	BRANDED	OWEN MUMFORD	AT 0712	AT 0712		100EA/BX
3.58	Chlorohexidine Chlorascrub™ swab (wipes)	EACH	2,000	\$0.14	\$280.00	BRANDED	PDI	B10800	B10800		EACH
3.59	SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	EACH	900	\$0.12	\$108.00	BRANDED	PDI	Q86984	Q86984		65EA/CN
3.60	Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	EACH	4		\$0.00	BRANDED	QUANTUM EMS	Q-BABY/ADD	NO BID		NO BID
3.61	Sam Splints™ Flatfold	EACH	1,400	\$12.73	\$17,822.00	BRANDED	SAM MEDICAL	SP1121F	SP1121F		EACH
3.62	SAM Pelvic Sling™ X- LARGE	EACH	120	\$64.80	\$7,776.00	BRANDED	SAM MEDICAL	SL556652-LG	SL556652-LG		EACH
3.63	SAM Pelvic Sling™ X-SMALL	EACH	120	\$64.80	\$7,776.00	BRANDED	SAM MEDICAL	SL556652-SM	SL556652-SM		EACH
3.64	Safety I.V. Catheter Size: 20G x 1 1/4" Pink	EACH	20,000	\$2.08	\$41,600.00	BRANDED	SMITHS MEDICAL	3066	306601		EACH
3.65	Safety I.V. Catheter Size: 18G x 1 1/4" Green	EACH	20,000	\$2.08	\$41,600.00	BRANDED	SMITHS MEDICAL	3065	306501		EACH
3.66	I.V. Catheter Size: 16G x 1 1/4" Grey	EACH	2,200	\$2.08	\$4,576.00	BRANDED	SMITHS MEDICAL	3062	306201	EACH	
3.67	Safety I.V. Catheter Size: 22G x 1" Blue	EACH	2,200	\$2.08	\$4,576.00	BRANDED	SMITHS MEDICAL	3060	306001	EACH	
3.68	HI-D® "BIG STICK"® Suction Tip	EACH	3,000	\$2.01	\$6,030.00	BRANDED	SSCOR INC	44241	44241	50EA/CS	
3.69	Blanket, 60" x 90" Fleece, Medium Weight Navy	EACH	8,000	\$15.25	\$122,000.00	Not Branded	TAYLOR HEALTHCARE OR EQUAL	60-NFB6090	60-NFB6090		EACH
3.70	Mucosal Atomization Device	EACH	3,000	\$6.32	\$18,960.00	BRANDED	TELEFEX MEDICAL	MAD300	MAD300		EACH
3.71	Emergency Blanket. Yellow. 58 inches x 90 inches. Poly foam.	EACH	2,000	\$5.85	\$11,700.00	Not Branded	TIDI OR EQUAL	980043	980043		18EA/CS
3.72	SPHYGMOMANOMETER, ADULT	EACH	408	\$9.17	\$3,741.36	Not Branded	VERIDIAN OR EQUAL	02-1081	17801	Moore	EACH
SUBTOTAL FOR CATEGORY 3 =				\$3,004,229.59							
ITEM NO.	ITEM DESCRIPTION	UNIT OF MEASURE	ESTIMATED ANNUAL QUANTITY	UNIT PRICE	EXTENDED PRICE	BRANDED/NO N-BRANDED	MANUFACTURER	MANUFACTURER PRODUCT NUMBER OR NDC	CONTRACTOR ITEM NUMBER (FILL IN)	PROPOSED EQUIVALENT FOR NON-BRANDED ITEMS (FILL IN)	CONTRACTOR PACKAGING (FILL IN)
4.1	Nebulizer Kit (components are branded)	EACH	7,000	\$0.81	\$5,670.00	Not Branded	Vendor Assembled	N/A	32642	McKesson	EACH
SUBTOTAL FOR CATEGORY 4 =				\$5,670.00							
DESCRIPTION		MAXIMUM RESTOCKING FEE PERCENTAGE									

Restocking Fees		25% on non-stocked items only	
DELIVERY TERMS: DELIVERY IS TO BE FOB DESTINATION, PREPAID AND ALLOWED			
DELIVERY METHOD: <input checked="" type="checkbox"/> COMMON CARRIER (FedEx,UPS) <input checked="" type="checkbox"/> VENDOR DELIVERY			
COMPANY NAME:	Derrah Morrison Enterprises, LLC		
EMAIL ADDRESS:	cderrah@dme-vet.com		

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years, currently employs residents of the City of Austin, Texas, and will use employees that reside in the City of Austin, Texas, to support this Contract. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN (REFERENCE SECTION 0900).

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm	<i>Derrah Morrison Enterprises, LLC</i>	
Physical Address	<i>1120 Toro Grande Blvd Bldg 2 Ste 208</i>	
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years?	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No

Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm		
Physical Address		
Is your headquarters located in the Corporate City Limits? (circle one)	Yes	No
or		
Has your branch office been located in the Corporate City Limits for the last 5 years	Yes	No
Will your business be providing additional economic development opportunities created by the contract award? (e.g., hiring, or employing residents of the City of Austin or increasing tax revenue?)	Yes	No

Section 0700: Reference SheetResponding Company Name *Derrah Morrison Enterprises, LLC*

The City at its discretion may check references in order to determine the Offeror's experience and ability to provide the products and/or services described in this Solicitation. The Offeror shall furnish at least 3 complete and verifiable references. References shall consist of customers to whom the offeror has provided the same or similar services within the last 5 years. References shall indicate a record of positive past performance.

1. Company's Name *Texas School for the Deaf*
Name and Title of Contact *Rosemary Kimball, Warehouse Manager & Purchaser*
Project Name *Annual Office & Medical Supplies*
Present Address *1102 S. Congress Ave*
City, State, Zip Code *Austin, TX 78704*
Telephone Number *(512) 462-5420* Fax Number *()*
Email Address *Rosemary.Kimball@tsd.state.tx.us*
2. Company's Name *Department of Veteran Affairs*
Name and Title of Contact *Rodney Wilson, Contracting Specialist*
Project Name *Multiple Awarded Contracts for Medical Equipment & Supplies*
Present Address *Hampton, VA 23667*
Telephone Number *(757) 722-9961 x7188* Fax Number *(757) 726-6010*
Email Address *Rodney.Wilson2@va.gov*
3. Company's Name *City of Austin Fire Department*
Name and Title of Contact *Aimee McClure*
Project Name *Medical Equipment for Austin Fire Department*
Present Address *517 S. Pleasant Valley*
City, State, Zip Code *Austin, TX*
Telephone Number *(512) 974-4291* Fax Number *(512) 974-0222*
Email Address *Karen.Bitzer@austintexas.gov*

City of Austin, Texas

Section 0800

NON-DISCRIMINATION AND NON-RETALIATION CERTIFICATION

City of Austin, Texas

Equal Employment/Fair Housing Office

To: City of Austin, Texas,

I hereby certify that our firm complies with the Code of the City of Austin, Section 5-4-2 as reiterated below, and agrees:

- (1) Not to engage in any discriminatory employment practice defined in this chapter.
- (2) To take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without discrimination being practiced against them as defined in this chapter, including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training or any other terms, conditions or privileges of employment.
- (3) To post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provisions of this chapter.
- (4) To state in all solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age.
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require of all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they do not engage in any discriminatory employment practice as defined in this chapter

For the purposes of this Offer and any resulting Contract, Contractor adopts the provisions of the City's Minimum Standard Non-Discrimination and Non-Retaliation Policy set forth below.

City of Austin

Minimum Standard Non-Discrimination and Non-Retaliation in Employment Policy

As an Equal Employment Opportunity (EEO) employer, the Contractor will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The Contractor will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment,

including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

The Contractor agrees to prohibit retaliation, discharge or otherwise discrimination against any employee or applicant for employment who has inquired about, discussed or disclosed their compensation.

Further, employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting a violation of this policy. Furthermore, any employee, supervisor, or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

Contractor agrees that to the extent of any inconsistency, omission, or conflict with its current non-discrimination and non-retaliation employment policy, the Contractor has expressly adopted the provisions of the City's Minimum Non-Discrimination Policy contained in Section 5-4-2 of the City Code and set forth above, as the Contractor's Non-Discrimination Policy or as an amendment to such Policy and such provisions are intended to not only supplement the Contractor's policy, but will also supersede the Contractor's policy to the extent of any conflict.

UPON CONTRACT AWARD, THE CONTRACTOR SHALL PROVIDE THE CITY A COPY OF THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICIES ON COMPANY LETTERHEAD, WHICH CONFORMS IN FORM, SCOPE, AND CONTENT TO THE CITY'S MINIMUM NON-DISCRIMINATION AND NON-RETALIATION POLICIES, AS SET FORTH HEREIN, **OR** THIS NON-DISCRIMINATION AND NON-RETALIATION POLICY, WHICH HAS BEEN ADOPTED BY THE CONTRACTOR FOR ALL PURPOSES WILL BE CONSIDERED THE CONTRACTOR'S NON-DISCRIMINATION AND NON-RETALIATION POLICY WITHOUT THE REQUIREMENT OF A SEPARATE SUBMITTAL.

Sanctions:

Our firm understands that non-compliance with Chapter 5-4 and the City's Non-Retaliation Policy may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with the requirements of Chapter 5-4 and the Non-Retaliation Policy.

Term:

The Contractor agrees that this Section 0800 Non-Discrimination and Non-Retaliation Certificate of the Contractor's separate conforming policy, which the Contractor has executed and filed with the City, will remain in force and effect for one year from the date of filing. The Contractor further agrees that, in consideration of the receipt of continued Contract payment, the Contractor's Non-Discrimination and Non-Retaliation Policy will automatically renew from year-to-year for the term of the underlying Contract.

Dated this *eighth* day of *May*, *2018*

CONTRACTOR

Chelsea M. Derrah

Authorized Signature



Title

CEO

Section 0835: Non-Resident Bidder Provisions

Company Name *Derrah Morrison Enterprises, LLC*

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: *Texas Resident Bidder*

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: *N/A* Which State: _____

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: *N/A*

Section 0900: SUBCONTRACTING/SUB-CONSULTING UTILIZATION FORM

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form**

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

In accordance with the City of Austin's Minority and Women-Owned Business Enterprises (M/WBE) Procurement Program (Program), Chapters 2-9A/B/C/D of the City Code and M/WBE Program Rules, this Solicitation was reviewed by the Small and Minority Business Resources Department (SMBR) to determine if M/WBE Subcontractor/Sub-Consultant ("Subcontractor") Goals could be applied. Due to insufficient subcontracting/subconsultant opportunities and/or insufficient availability of M/WBE certified firms, SMBR has assigned no subcontracting goals for this Solicitation. However, Offerors who choose to use Subcontractors must comply with the City's M/WBE Procurement Program as described below. Additionally, if the Contractor seeks to add Subcontractors after the Contract is awarded, the Program requirements shall apply to any Contract(s) resulting from this Solicitation.

Instructions:

- a.) Offerors who do not intend to use Subcontractors shall check the "NO" box and follow the corresponding instructions.
b.) Offerors who intend to use Subcontractors shall check the applicable "YES" box and follow the instructions. **Offers that do not include the following required documents shall be deemed non-compliant or nonresponsive as applicable, and the Offeror's submission may not be considered for award.**

☒ **NO, I DO NOT intend to use Subcontractors/Sub-consultants.**

Instructions: Offerors that do not intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form) and include it with their sealed Offer.

☐ **YES, I DO intend to use Subcontractors /Sub-consultants.**

Instructions: Offerors that do intend to use Subcontractors shall complete and sign this form below (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Form), and follow the additional Instructions in the (Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan). Contact SMBR if there are any questions about submitting these forms.

Offeror Information			
Company Name	<i>Derrah Morrison Enterprises, LLC</i>		
City Vendor ID Code	<i>V00000911015</i>		
Physical Address	<i>1120 Toro Grande Blvd Bldg 2 Ste 208</i>		
City, State Zip	<i>Cedar Park, TX 78613</i>		
Phone Number	<i>(512) 879-3088</i>	Email Address	<i>cderrah@dme-vet.com</i>
Is the Offeror City of Austin M/WBE certified?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES Indicate one: <input type="checkbox"/> MBE <input checked="" type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture <i>(in process of re-verification)</i>		

Offeror Certification: I understand that even though SMBR did not assign subcontract goals to this Solicitation, I will comply with the City's M/WBE Procurement Program if I intend to include Subcontractors in my Offer. I further agree that this completed **Subcontracting/Sub-Consulting Utilization Form**, and if applicable my completed **Subcontracting/Sub-Consulting Utilization Plan**, shall become a part of any Contract I may be awarded as the result of this Solicitation. Further, if I am awarded a Contract and I am not using Subcontractor(s) but later intend to add Subcontractor(s), before the Subcontractor(s) is hired or begins work, I will comply with the City's M/WBE Procurement Program and submit the **Request For Change** form to add any Subcontractor(s) to the Project Manager or the Contract Manager for prior authorization by the City and perform Good Faith Efforts (GFE), if applicable. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form. I understand that, if a Subcontractor is not listed in my **Subcontracting/Sub-Consulting Utilization Plan**, it is a violation of the City's M/WBE Procurement Program for me to hire the Subcontractor or allow the Subcontractor to begin work, unless I first obtain City approval of my **Request for Change** form.

Chelsea M. Derrah, CEO

Name and Title of Authorized Representative (Print or Type)

Signature/Date

Section 0905: SUBCONTRACTING/SUB-CONSULTING UTILIZATION PLAN

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

INSTRUCTIONS: Offerors who DO intend to use Subcontractors may utilize M/WBE Subcontractor(s) or perform Good Faith efforts when retaining Non-certified Subcontractor(s). Offerors must determine which type of Subcontractor(s) they are anticipating to use (CERTIFIED OR NON-CERTIFIED), check the box of their applicable decision, and comply with the additional instructions associated with that particular selection.

☐ I intend to use City of Austin CERTIFIED M/WBE Subcontractor/Sub-consultant(s).

Instructions: Offerors may use Subcontractor(s) that ARE City of Austin certified M/WBE firms. Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to confirm if the Offeror's intended Subcontractor(s) are City of Austin certified M/WBE and if these firm(s) are certified to provide the goods and services the Offeror intends to subcontract. If the Offeror's Subcontractor(s) are current valid certified City of Austin M/WBE firms, the Offeror shall insert the name(s) of their Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)

☐ I intend to use NON-CERTIFIED Subcontractor/Sub-Consultant(s) after performing Good Faith Efforts.

Instructions: Offerors may use Subcontractors that ARE NOT City of Austin certified M/WBE firms ONLY after Offerors have first demonstrated Good Faith Efforts to provide subcontracting opportunities to City of Austin M/WBE firms.

STEP ONE: Contact SMBR for an availability list for the scope(s) of work you wish to subcontract;

STEP TWO: Perform Good Faith Efforts (Check List provided below);

STEP THREE: Offerors shall insert the name(s) of their certified or non-certified Subcontractor(s) into the table below and must include the following documents in their sealed Offer:

- Subcontracting/Sub-Consulting Utilization Form (completed and signed)
- Subcontracting/Sub-Consulting Utilization Plan (completed)
- All required documentation demonstrating the Offeror's performance of Good Faith Efforts (see Check List below)

GOOD FAITH EFFORTS CHECK LIST –

When using NON-CERTIFIED Subcontractor/Sub-consultants(s), **ALL** of the following **CHECK BOXES MUST** be completed in order to meet and comply with the Good Faith Effort requirements and all documentation must be included in your sealed Offer. Documentation CANNOT be added or changed after submission of the bid.

☐ **Contact SMBR.** Offerors shall contact SMBR (512-974-7600 or SMBRComplianceDocuments@austintexas.gov) to obtain a list of City of Austin certified M/WBE firms that are certified to provide the goods and services the Offeror intends to subcontract out. (Availability List). Offerors shall document their contact(s) with SMBR in the "SMBR Contact Information" table on the following page.

☐ **Contact M/WBE firms.** Offerors shall contact all of the M/WBE firms on the Availability List with a Significant Local Business Presence which is the **Austin Metropolitan Statistical Area**, to provide information on the proposed goods and services proposed to be subcontracted and give the Subcontractor the opportunity to respond on their interest to bid on the proposed scope of work. When making the contacts, Offerors shall use at least two (2) of the following communication methods: email, fax, US mail or phone. Offerors shall give the contacted M/WBE firms at least seven days to respond with their interest. Offerors shall document all evidence of their contact(s) including: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)

PROCUREMENT PROGRAM

Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan

SOLICITATION NUMBER: IFB 9300 EAD0262

SOLICITATION TITLE: EMS Medical Supplies

- ☐ **Follow up with responding M/WBE firms.** Offeror shall follow up with all M/WBE firms that respond to the Offeror's request. Offerors shall provide written evidence of their contact(s): emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, company contacted, phone number, and contact person.

- ☐ **Advertise.** Offerors shall place an advertisement of the subcontracting opportunity in a local publication (i.e. newspaper, minority or women organizations, or electronic/social media). Offerors shall include a copy of their advertisement, including the name of the local publication and the date the advertisement was published.

- ☐ **Use a Community Organization.** Offerors shall solicit the services of a community organization(s); minority persons/women contractors'/trade group(s); local, state, and federal minority persons/women business assistance office(s); and other organizations to help solicit M/WBE firms. Offerors shall provide written evidence of their Proof of contact(s) include: emails, fax confirmations, proof of mail delivery, and/or phone logs. These documents shall show the date(s) of contact, organization contacted, phone number, email address and contact person.

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)
PROCUREMENT PROGRAM
Subcontracting/Sub-Consulting ("Subcontractor") Utilization Plan**

SOLICITATION NUMBER: IFB 9300 EAD0262
SOLICITATION TITLE: EMS Medical Supplies

(Offerors may duplicate this page to add additional Subcontractors as needed)

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

Subcontractor/Sub-consultant	
City of Austin Certified	<input type="checkbox"/> MBE <input type="checkbox"/> WBE Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED
Company Name	
Vendor ID Code	
Contact Person	Phone Number:
Additional Contact Info	Fax Number: E-mail:
Amount of Subcontract	\$
List commodity codes & description of services	
Justification for not utilizing a certified MBE/WBE	

SMBR Contact Information			
SMBR Contact Name	Contact Date	Means of Contact	Reason for Contact
		<input type="checkbox"/> Phone OR <input type="checkbox"/> Email	

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:

Having reviewed this plan, I acknowledge that the Offeror ☐ HAS or ☐ HAS NOT complied with these instructions and City Code Chapters 2-9A/B/C/D, as amended.

Reviewing Counselor

Date

I have reviewed the completing the Subcontracting/Sub-Consultant Utilization Plan and ☐ Concur ☐ Do Not Concur with the Reviewing Counselor's recommendation.

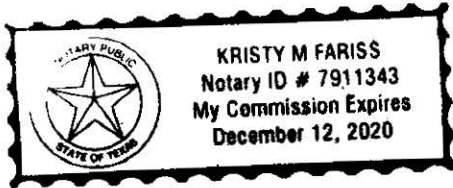
Director/Assistant Director or Designee

Date

State of Texas

County of Williamson

This instrument was acknowledged before me on the 11th day of day March, 2019 by Chelsea Derrah,
CEO, of Derrah Morrison Enterprises, LLC, a Texas corporation, on behalf of said corporation.



Kristy M Fariss
Notary Public's Signature

GOAL DETERMINATION REQUEST FORM

Buyer Name/Phone	Erin D'Vincent 4-3070	PM Name/Phone	Bill Alderete 8-0485
Sponsor/User Dept.	EMS	Sponsor Name/Phone	N/A
Solicitation No	IFB 9300 EAD0262	Project Name	Medical Supplies
Contract Amount	\$15,000,000	Ad Date (if applicable)	4/2/18
Procurement Type			
<input type="checkbox"/> AD – CSP <input type="checkbox"/> AD – Design Build Op Maint <input type="checkbox"/> IFB – IDIQ <input checked="" type="checkbox"/> Nonprofessional Services <input type="checkbox"/> Critical Business Need <input type="checkbox"/> Sole Source* <input type="checkbox"/> AD – CM@R <input type="checkbox"/> AD – JOC <input type="checkbox"/> PS – Project Specific <input checked="" type="checkbox"/> Commodities/Goods <input type="checkbox"/> Interlocal Agreement <input type="checkbox"/> AD – Design Build <input type="checkbox"/> IFB – Construction <input type="checkbox"/> PS – Rotation List <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Ratification			
Provide Project Description**			
As needed purchases of medical supplies for EMS use			
Project History: Was a solicitation previously issued; if so were goals established? Were subcontractors/subconsultants utilized? Include prior Solicitation No.			
CEA0015 - no goals			
List the scopes of work (commodity codes) for this project. (Attach commodity breakdown by percentage; eCAPRIS printout acceptable)			
47599 - 100%			
Erin D'Vincent		3/14/2018	
Buyer Confirmation		Date	

* Sole Source must include Certificate of Exemption

**Project Description not required for Sole Source

FOR SMBR USE ONLY			
Date Received		Date Assigned to BDC	
In accordance with Chapter2-9(A-D)-19 of the Austin City Code, SMBR makes the following determination:			
<input type="checkbox"/> Goals	% MBE	% WBE	
<input type="checkbox"/> Subgoals	% African American	% Hispanic	
	% Asian/Native American	% WBE	
<input type="checkbox"/> Exempt from MBE/WBE Procurement Program		<input checked="" type="checkbox"/> No Goals	

GOAL DETERMINATION REQUEST FORM

This determination is based upon the following:

- | | |
|--|---|
| <input type="checkbox"/> Insufficient availability of M/WBEs | <input type="checkbox"/> No availability of M/WBEs |
| <input type="checkbox"/> Insufficient subcontracting opportunities | <input checked="" type="checkbox"/> No subcontracting opportunities |
| <input type="checkbox"/> Sufficient availability of M/WBEs | <input type="checkbox"/> Sufficient subcontracting opportunities |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> Other |

If Other was selected, provide reasoning:

MBE/WBE/DBE Availability

There are 2 MBE and 1 WBE available for this scope of work.

Subcontracting Opportunities Identified

There is one scope of work, no subcontracting opportunities identified.

Sonya Powell

SMBR Staff

Sonya Powell

Signature/ Date

3/14/18

SMBR Director or Designee

[Signature]

Date

3-15-18

Returned to/ Date:

Extension set, SAFEDAY, 9 inch	B.BRAUN	480206
10 Drop Intervenuous Set.	AMSINO	MRA10E-95
60 Drop Intervenuous Set.	AMSINO	MRSA60E-88
Glucometer Check Strip	BAYER HEALTHCARE	7099C
BD® Twin Pack™ BD® Interlink® System	BECTON DICKINSON	303390
17g x 3 mL Syringe BD Blunt Plastic Cannula	BECTON DICKINSON	303346
Tourniquet® (C-A-T®)	COMPOSITE RESOURCE	30-0001
Veni-Gard IV Dressing	CON-MED	705-4431
Oral nasal Cannula.Smart CapnoLine Plus with O2 Delivery Adult/Intermediate.	COVIDIEN	010209
Limb Holder 2 each per PAIR	DEROYAL	M2052
Straps, Patient/Backboard. Color: ORANGE Length: 7' Plastic, 2 Piece- Side Release Buckle, Impervious. with Loop-Loc™ ends.	DICK MEDICAL	37172 (OR)
Cooler, Fridge/ Freezer. 12V. Hypothermia Management	ENGEL	MD14F
IV Infuser. Ethox® Infu-surge® 1000cc Model.	ETHOX INTERNATIONAL INC	4010
Model 65 Scoop™ Stretcher	FERNO	PT6500
Convenience Bag™ Opaque. With Hand Protection. Extra wide rigid collar.	GKR INDUSTRIES	7000 HP
Adult. Over-the Ear Cannula. Non-flared nasal tips. Standard tubing. 210mm in length.	HUDSON RCI	1103

Micro Mist® Nebulizer	HUDSON RCI	1883
i-gel O2 Resus Pack. Large adult.	INTERSURGICAL INCORPORATED	8705000
i-gel O2 Resus Pack. Medium adult.	INTERSURGICAL INCORPORATED	8704030
i-gel O2 Resus Pack. Small adult.	INTERSURGICAL INCORPORATED	8703030
Backboard Lime Green	IRON DUCK	35900
Sta-Blok™ Head Immobilizer	LAERDAL	700-00001
Thomas Select Tube Holder, Adult	LAERDAL	600-42500
Laerdal Suction Unit	LAERDAL	78002001
Top sheet. 40 inches x 90 inches. Stretcher. Light Blue	MEDLINE	NON 24335
VIONEX® Antiseptic Towelette.. Individually packaged	METREX	10-1510
ARS Needle Decompression Needle 14GA x 3 1/4"	NORTH AMERICAN RESCUE	ZZ-0056
Adlt/Ped filterline set (Airway Adapter Set)	ORIDION	XS04620
Altas Cervical Collar. SIZE: Infant Short	OSSUR PHILADELPHIA ATLAS	PHP-A110
SMART-BAG MO Size: Adult. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen. Disposable.	O-TWO MEDICAL TECHNOLOGIES	01BM3201-MO- Cs
SMART-BAG® MO Size Child. Complete with Inflated Cuffed Mask, Oxygen Tubing and Oxygen Reservoir System in Easy Open Plastic Bag. Disposable.	O-TWO MEDICAL TECHNOLOGIES	01BM3211-MO- Cs
CPAP System (Small Adult). c/w face mask (size 4) head harness and pressure gauge O- Two Systems item 01CV0218-CS.	O-TWO MEDICAL TECHNOLOGIES	01CV0218-CS

Unistik® 2 Extra (21G) Safety Lancet	OWEN MUMFORD	AT 0712
Chlorohexidine Chlorascrub™ swab (wipes)	PDI	B10800
SUPER SANI-CLOTH. 7.5 inches by 15 inches. Tub of X-Large wipes	PDI	Q86984
Child Restraint Device. Set of three color coded and sized restraint devices; Small, Medium, Large.	QUANTUM EMS	Q-BABY/ADD
Sam Splints™ Flatfold	SAM MEDICAL	SP1121F
SAM Pelvic Sling™ X- LARGE	SAM MEDICAL	SL556652-LG
SAM Pelvic Sling™ X-SMALL	SAM MEDICAL	SL556652-SM
Safety I.V. Catheter Size: 20G x 1 1/4" Pink	SMITHS MEDICAL	3066
Safety I.V. Catheter Size: 18G x 1 1/4" Green	SMITHS MEDICAL	3165
I.V. Catheter Size: 16G x 1 1/4" Grey	SMITHS MEDICAL	3162
Safety I.V. Catheter Size: 22G x 1" Blue	SMITHS MEDICAL	3160
HI-D® "BIG STICK"® Suction Tip	SSCOR INC	44241
Mucosal Atomization Device	TELEFEX MEDICAL	MAD300